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MEDICAL SUMMARY,

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Practical Medicine, New Preparations, Etc.

R. H. ANDREWS, M. D., Editor, P. O. Box 1217, Philadelphia, Pa.

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PHILADELPHIA, MARCH, 1892.

A SUGGESTION ON THE TREATMENT OF DIPHTHERIA.

If taken in the early stage, the treatment of diphtheria may be very much simplified by means of modern methods with remedial agents now in our possession. The great difficulty which has heretofore been encountered has been due to the erroneous impressions prevailing in regard to the natural history of the disease, or, we might say, the method of invasion. Aside from the fulminant cases, which are practically doomed from the beginning, diphtheria is substantially a local disorder, although there is a tendency to rapid systemic infection. It has been demonstrated that every person in perfect health is liable to carry in the mouth the germ of the disease, and under these conditions it will be apparent that infection will take place whenever this germ finds a suitable soil for its development. What is most required is a remedy which will prevent the rapid multiplication of the germ, or, in other words, an *anti-biotic*. After the disease has made some progress, symptoms of systemic infection will appear, due to the toxic character of the poisons derived from the germs, how produced we are unable at present to say with certainty. A remedy calculated to counteract the effect of bacterial products in the system, manifested by high temperature and rapid pulse, with other derangements of the nervous system, is called an *anti-toxic*.

Admitting that the foregoing is a practical view to take of the disease, our readers will be disposed to inquire the object of recommending so many, many remedies for its relief. They will want to know why ice and hot applications are both advocated; the same query will be propounded in regard to pukes and purgatives; and others will inquire what good can be accomplished by the indiscriminate employ-

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ment of anodynes, hypnotics, narcotics, and antiseptics, together with the local application of astringents, escharotics and other substances, all calculated to destroy or reduce materially the vitality of the tissues and derange digestion.

In view of all the nonsensical prattle which we hear about this formidable disease, it is suggested that we have two remedies which, in ordinary cases, promise to fulfil the demands of the conditions present, and if the following directions can be carried out faithfully we shall hear of a marked reduction in the mortality. As an anti-toxic no remedy promises so much as mercury biniodide. It should be given in small doses in the form of a solution; a child five years of age can take 1-25 of a grain in the twenty-four hours, dissolved in two ounces of water, a teaspoonful being given at intervals of one hour. As an anti-biotic we have the peroxide of hydrogen (Marchand's), which should be diluted with an equal part of water, and used frequently as a spray for the nose and throat. In the form of a solution, one part to nine of water, it can be given freely internally and used as a mouth-wash. The advantages are that both remedies, in the doses recommended, are absolutely harmless, but above all, they are efficient when used with intelligence and care. By their persistent use we not only strike at the causation of the disease, but we overcome the effects of the poison in the system, and with appropriate diet and hygiene the formidable character of the disease will vanish. These recommendations are warranted by theoretical considerations and demonstrated by clinical experience.

GALLACETOPHENONE, A NEW REMEDY FOR PSORIASIS.

Gallacetophenone, the new remedy proposed for psoriasis and allied skin affections, is known in commerce as "alizarine yellow C.," and is prepared by combining pyrogallic acid with acetic acid in the presence of zinc chloride. It occurs in the form of a yellowish powder, readily crystallizing from aqueous solutions in yellowish needles, and is soluble in hot water, alcohol, ether and glycerin, but scarcely soluble in cold water. It is said to be preferable to pyrogallic acid from the fact that oxidation in alkaline solutions is less active; its reducing power is less, and besides it is non-poisonous, and can be taken internally in daily doses of one drachm.

In psoriasis, and other skin diseases of similar character, it is applied locally in the form of a ten per cent. ointment, purified petrolatum being used as a base, thus avoiding staining of the skin, linen and hair.

The clinical observations of Dr. L. von Rekowski (*Therapeutische Monatschefte*), and Dr. Hermann Goldenberg (*New York Medical Journal*, Feb. 6, 1892), lead to the inference that the remedy possesses remarkable therapeutic properties. Rekowski has noted decided improvement within twelve hours, and Goldenberg reports twelve cases successfully treated. In the case of psoriasis of the face and scalp, Goldenberg says it seemed to act as a specific, all traces of the eruption disappearing within the short period of five days from the local use of the ointment twice a day, although the eruption on the body where no applications were made remained unaffected. Messrs. Breyer & Schweitzer, 159 Front Street, New York, prepare and offer the remedy for sale.

THE QUESTION OF PHYSICIANS PRESCRIBING THEIR OWN MEDICINES.

The question of physicians prescribing their own medicines is one which offers a promising field for discussion, as it involves a radical change from established usages. That there is a tendency on the part of many physicians to discard poly-

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pharmacy, and depend more upon single medicaments, the medical literature of the past five years furnishes ample proof; but there is not sufficient evidence that this practice has taken deep root in the minds of those who have been long in the harness. Owing perhaps to some fanciful ideas in regard to their reputation, some would have us believe that it is beneath their dignity to dispense medicines at the bedside; but with equal propriety they might insist that it would not be in keeping with their professional standing to carry ergot when called to attend a case of confinement. On the same basis they might consider it unprofessional to carry a Gross pocket-case of instruments. The necessary paraphernalia for performing minor surgical operations ought to be obtained either from the instrument maker or brought from the surgeon's office by a messenger after he had deliberately examined his case and decided what would be required to relieve his patient, but the folly of such a procedure must be apparent to the merest tyro. While it will readily be admitted that the surgeon should go prepared with instruments and other requisite appliances, it must be conceded that the physician fails in his duty when he goes to see a sick man under any other conditions than those allowed the surgeon, because emergencies and acute diseases often require immediate attention quite as much as surgical cases. The accoucheur waiting at the bedside at the midnight hour for a messenger to bring a drachm of Squibb's ergot would be a pitiable spectacle, but he would be in no more sorry a plight than the physician who should be compelled to wait for an hour until a messenger brought a drop of trinitrin from the nearest drug-store for the purpose of reviving a patient asphyxiated by coal-gas.

Since there are two sides to the question, it will be evident that in order to secure peace a compromise must be effected. Believing that both physician and surgeon are equally situated, it is but right that they should be equally provided, and we therefore draw the line in regard to dispensing medicines at the treatment of emergencies and acute diseases. This is but a reasonable deduction; moreover it is a practical solution of the difficulty, and does not involve the physician in complicated mercantile pursuits. The selection of a dozen remedies, more or less, will enable the physician to treat the class of cases under consideration with perfect satisfaction, and the sooner this fanciful notion that it is unprofessional to dispense medicines to his patients at the bedside is dispelled from his mind, the better it will be for the public at large. It is unnecessary in this connection to refer to the perfected medicaments which are now in the market, as the physician can select his own remedies, and have them prepared in the special form which best suits his methods of practice; all that is advocated here is, that the physician and surgeon, gynæcologist and obstetrician, shall be placed upon an equal footing, because it is in the direct line of duty, and in harmony with the progressive spirit of the age.

The SUMMARY is now one of the most popular medical journals published. It has cut a niche of its own, and has a place with the wide-awake, progressive practitioner in all sections of the country that no other publication can exactly fill. It is conducted to the best interests of the entire profession, and is thoroughly practical in every sense of the word. Its growth has been more rapid the past year than ever before.

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Original Communications.

Brief and practical articles, *short* and *pithy* reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the SUMMARY must be contributed to it exclusively. The Editor is not responsible for the views of any contributors.

Write *only on one* side of the paper.

FALSE DIGNITY OF THE PROFESSION.

In looking over some old "Introductory Lectures," delivered to medical classes nearly 50 years ago, there was one which the writer, then a student, heard from the sage lips of Prof. Dunglison, a sentence or paragraph from which very fittingly applies to-day to some who think they are upholding the "dignity of the profession" by discarding every therapeutic agent not found in the United States Pharmacopœia, or United States Dispensatory, or introduced by someone standing high in the regular profession.

Prof. Dunglison said: "We are not justified in discarding the 'water-cure' because it has emanated from an unprofessional and unlettered peasant any more than we are justified in rejecting the vapor bath because it is a main remedy with the Thompsonians. The enlightened physician can cull something valuable from every sect or system and from every mode of treatment that has been employed, even by the empyric."

Such was the liberal sentiments inculcated by one of my teachers, and Professors Mitchell and Mutter were equally as liberal, and I have profited by their advice. Hence I have ever been willing to prove, test and use any remedy brought to my notice purporting to be of special value. Thus, I have found the Cactina Pellets to be of special value in cases of debility of the heart from the excessive use of tobacco; Micajah's Medicated Uterine Wafers a local remedy of decided therapeutical power; from Campho-Phenique I obtained good results; have been pleased with the Tyndale Eucalyptus preparations; from a bottle of Wyeth's Beef Juice I derived much personal benefit; by the use of the Restorative Wine of Cocoa and the Febricide I have had admirable results, and from my old and well-tried friends, Lactopeptine and Maltine preparations, I have derived personally, and observed, most marked benefits. All these medicines were first sent me many years ago to test, and professional dignity did not stand in my way of so doing, and I have done suffering humanity much good by their use. I might lengthen out the list largely, but let this suffice for the present.

ABRAM LIVEZEY, M. D.

St. Nicholas, Fla.

MODERN THERAPEUTICS.

Please inform us old doctors how we can learn modern therapeutics. I have just received a pamphlet setting forth the virtues of Eucalyptol. It is a "germicide, a diuretic, a penetrating, non-coagulant antizymotic, a powerful antiseptic, a disinfectant, stimulant, expectorant, antispasmodic, an antiphilogistic vulnary," and eighty-eight doctors therein extol its virtues for "scrofula, kidney troubles, influenza, remittent fever, coryza, aural catarrh, diarrhœa, dysentery, pulmonary abscess, dermoid diseases, eruptive fevers, typhoid fever, ozena, erysipelas, all zymotic diseases, wounds, bruises, sprains, colds, pharyngitis, laryngitis, la grippe, rheumatism, bronchitis, cystitis, gastritis, proctitis, vaginitis, endometritis, leucorrhœa, hemorrhage from the womb and bowels, pneumonia, asthma, diphtheria, bronchorrhœa, gonorrhœa, ophthalmia, throat trouble, headache, neuralgia, malaria, incipient phthisis, hay fever, dyspepsia, alveolar abscesses, diseases of the air passages, ulcerated os uteri, syphilitic rhinitis, a case of syphilis cured in ten days, hysteria, cerebral anæmia, aphonia, renal troubles (*sic*), varix, right iliac gurgling, scarlatina, purulent otorrhœa, whooping-cough, ascaridis, vermiculosis, tonsilitis, fœtid breath, enteritis, croup, ulcer of leg, intermittent fever, eczema, chilblains, hemorrhoids, varicose ulcer, and last, but not least, in disorders of the respiratory organs Eucalyptus is *the* desideratum long wished for." This last absurd travesty on Latin and reliable therapeutics comes from bleeding Kansas.

The above conglomeration of symptoms and diseases, for which that one remedy is

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recommended by eighty-eight regular physicians of these United States, is almost enough to make us think that most diseases depend for cure upon that inherent vital principle we sometimes call the *vis medicatrix naturæ*, and that patients get well despite the doctor and his "grandest preparations."

Another pamphlet I have, with clinical cases from eminent practitiouers, not only from these United States, but from England and Australia, celebrating a "syrup," and therein they narrate cures of every known malady; in fact, the above list is a mere bagatelle of what that "syrup" has done for humanity by these good doctors. To-day I got one, more modest in its therapeutics, however. One enthusiast says of this new remedy, "It may be relied upon in almost any case of diphtheria as a *sine qua non*." That we all know how to cure diphtheria is quite evident by the burial permits we write for that disease. The next disease for which this remedy is used is scabies. (This, you remember, is the great homœopathic disease.) It also cures "female gonorrhœa." My Zeiss lens does not give outlines of the gender of the gonococcus; hence you who have no microscope which will give the sex of a clapp should use this new remedy.

That we old doctors do not understand modern therapeutics is not the fault of those who prepare proprietary medicines, for they use printer's ink freely; but the fault lies wholly with those astute doctors who too freely furnish these certificates—happily, we will suppose, for the benefit of the profession, and not as an advertisement.

GEORGE F. CENTER, M. D.
Jacksonville, Fla.

RANDOM NOTES FROM PRACTICE.

BLACK-HAW.—Dr. Thomas, the famous gynæcologist, recommends the fluid extract of viburnum prunifoliatum and hamamelis for threatened abortion. The fluid extract of black-haw has been used by the writer for years with unvarying success. It will fulfil the principal indications in every case of impending miscarriage, is useful in menorrhagia, and indispensable to those who have employed it in the management of many troublesome cases characterized by obstinate irregularity and profuseness of the flow during the approach of the climacteric period. Not infrequently women complain of uneasiness or pain in the loins and back, with tardy, scanty or absent menstruation; here fifteen to twenty drops three or four times a day affords great relief, curing many without the aid of anything else. In urgent cases half-teaspoonful doses may be repeated three or four times in twelve hours. There is no compensating advantage in larger doses. In suitable cases it may be prescribed with as much confidence as any remedy in the materia medica. If you have any specifics, put black-haw in the list. Try it in some obscure case of supposed uterine disease of chronic character, and be assured it will not disappoint you.

SALOL.—Recently the writer had many opportunities to test the virtues of salol in dysentery, and would say that its claims to superiority are well founded. Careful observation in a number of instances of well-developed cases of varying severity attest its controlling, it might be said specific, influence. Temperature ranged from 102½ degrees to 104½ degrees, pulse-rate accelerated to 100 or 120, there was dryness of surface, dry, coated tongue, variable tenesmus and tormina. The evacuated matters were largely or exclusively muco-sanguinolent, frequently ejected. In several cases a treatment exclusive of salol was first tried, with slight or no amelioration of symptoms, all the symptoms rapidly yielding to the drug.

Mrs. D. had a violent attack, neglected for several days before consultation; temperature at first examination 104½, pulse 120, skin hot and dry, tongue dry and coated, fissured; evacuations fifty or sixty a day, muco-sanguinolent, the blood predominating, and passed with great pain. Evacuants, anodynes and opiates were vainly employed at first, the only effect being to allay, in a measure, the suffering and procure a little needed rest, the number and character of discharges remaining, for the most part, unaltered. Twenty-four hours after commencing with salol all symptoms improved—fever declining, tongue moistening and cleaning, evacuations lessening in number and improving in appearance. Progress of case was uninterrupted and

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convalescence easily established. Improvement could be attributed to nothing else but the salol. Tenesmus and tormina disappeared as if by magic. The above is a sample history of many similar cases, all, without exception, yielding unmistakably to the action of the drug. Usually it was given in doses of ten or twenty grains every three or five hours during three or five consecutive days. It must be given in fairly large portions to insure its characteristic action. No unpleasant effects whatever followed its continued use.

ANTIKAMNIA. — This drug has a well-earned character as an analgesic. It is one of the few among the many new claimants for favor that have successfully stood the test of experience. In a case of acute poly-articular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania and unmixed neuralgias in general, it cannot be over-praised. In the prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest cases, in a few hours causing the splitting cephalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent, or combination of agents, has ever done, producing not a single unpleasant symptom and leaving no sequelæ. Quinine checks ague, digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specific than is that of antikamnia in its sphere of usefulness.

ACETANALID.—The antipyretic *par excellence*. Wherever there is fever, acetanalid is thought of first. Antimony, aconite, digitalis, antifebrin and antipyrine are good, but acetanalid is better; it never fails to reduce the temperature, therefore it is always reliable; no matter what the disease, it never fails. In typhoid fever and typho-malarial conditions where debility is marked, it must be employed with circumspection; but here, since it is positively antipyretic, there will be presented the choice of two evils, namely, the growing weakness from increasing combustion and the sometimes depressing effect of the drug. It is indicated wherever there is an open type of fever, whatever the name of the disease, the age or sex of the patient. Nothing in my hands has so effectually controlled the high grade of fever accompanying the grippe, given in suitable doses, temperature promptly descending from 105 degrees to 99 degrees, or normal, in five or ten hours, leaving patient comfortable. A good combination, where it is desirable to give quinine at the same time, is the following:

℞. Quin. sulph.,
Acetanalid..... aa.....gr. ijss

M. et cap. Sig. — One every three or five hours.

Only in one instance among hundreds has a single dose produced such profuse diaphoresis that the drug had to be discontinued. After taking three or five grains all underclothing would have to be taken off, and patient dried and fresh garments put on. Experience seems to show that acetanalid in the qualities of promptness, certainty and persistency is superior to all other antipyretics. Indeed, it may be said that no remedy is prescribed with more confidence of getting a definite result. It is readily taken in substance worked down with water; even children make no complaint. Only in a comparatively few instances has depression followed its use, and then from a disregard of the rules that should govern its administration—never to give it where there is evident heart failure, or passive congestion of the lungs, or where temperature is already below 101 degrees. When the temperature is 102 degrees or more, a good plan is to give small doses frequently until a marked impression is made, say one, two or three grains every

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half hour or hour, then at intervals of one, two, three or five hours. Its effects should be carefully watched to forestall possible depression. In puerperal fever or septicemia caution should guide its employment. Collapse of uncertain origin may follow forty or sixty grains a day.

R. B. McCALL, M. D.

Hamersville, Ohio.

QUININE IN TEDIOUS LABOR.

On Monday, February 1st, I was called to see Mrs. H., aged 19, primipara, in labor, the waters having discharged that day. I found the patient only experiencing premonitory pains, and I left after explaining that my presence was unnecessary until labor had manifested itself in severer pains. The patient was rather delicate and anæmic, and after finding that the waters had discharged I had some misgivings as to whether the labor would be speedy. I heard nothing more from the case until Wednesday evening, when I was again called. I made a vaginal examination, found the presentation natural, the pelvis roomy, and the os dilated to about the size of a quarter of a dollar. I was told that pains had been steady since my first visit, and that the patient was quite tired out. I concluded not to meddle, and returned home, only to be awakened at 3 a. m., Thursday. When I reached the bedside I found the dilatation hardly any greater than when I left the evening before, although the pains had kept up steadily. They continued at intervals of about five minutes all the morning, with no material change in the os, and although quite sufficient by their long duration to wear out the patient, they seemed not strong enough to produce the desired effect. I tried massage or stroking the abdomen, made the patient walk around, and had her change her position on the bed, but nothing caused progress in the dilation of the os. At 3.30 I gave fifteen grains of quinine, and within an hour was rewarded by a decided increase in the force of the uterine contractions, and from that time labor progressed steadily and naturally until 8.30, when she was delivered, in the Sims' position, of a medium-sized child.

Certainly it seems that quinine had a most admirable effect in this case, and let me add right here a word in favor of the Sims' position for labor. It is the position usually adopted in England, but in America most obstetricians deliver on the back. In the case just recited there was always an increase in the contractions when a change from the back to this position was made, and this has generally been my observation. Further, I believe with proper support of the head, with pressure outside and thumb in the rectum, that there are very few cases of normal presentation in which rupture need occur. If the woman is lying thus, the head gravitates toward the pubes and seems to pass the perineum easier.

FAYETTE C. EWING, M. D.

Washington, D. C.

LA GRIPPE—WHAT IS IT?

I think it is about as near a "hydra-headed monster" as any we may find this side of the mystic river, for the reason that it seems to have about as many forms or heads as that mythical "varmint." I shall not attempt to enter into a description of its origin, causes, or many of its complications, but will simply mention a few of the remedies that I have found to be useful in combating some of its many features.

Taken in its first stage, we usually find an intense pain in every part of the anatomy. This I meet with tincture arnica, in drop doses every half to one hour. We usually find considerable trouble in the throat; the tissues are dark, and at first congested and soon inflamed. This I meet with the tinctures of aconite and belladonna, aa, drop doses every half to one hour, as the case requires. There is usually also a dull heavy pain over the eyes, with heaviness of the lids; this will be overcome by the belladonna as before mentioned. In most cases we find a slow cathartic works well. Here I give small doses of podophyllin and aloin, giving it every four hours until I get the desired effect. Frequently the tongue will be coated with a dirty-white covering; for this I give sodæ sulphite, saturated solution, a teaspoonful every four hours till the tongue clears off. The most serious feature of the disease is, perhaps, its proneness to attack the lungs, but this can be effectually

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met if we are prompt and energetic. If there are indicatious of pneumonia I give inhalations of pure sulph. ether, requiring the patient to inhale from the vial from ten to twenty minutes at a time, and repeat once or twice if necessary. This is a specific for pneumonia from any cause, and will promptly abort it if taken in time.

Occasionally we get a serious congestion of the lungs that if not properly met will result in death in a few hours. This can be effectually met with inhalations of spts. amon. arom., and the relief is almost instantaneous, and as permanent as it is prompt. One who has never tried the inhalation of these remedies in the conditions named, will surely be surprised to see what a wonderful friend we have in these terrible emergencies.

Another unpleasant complication is inflammation of the kidneys. Here I give internally an infusion of water pepper, and if the urine is voided frequently, and with some smarting and burning, I add small doses of water eryngo, or tinct. apis mel., as indicated. Externally I apply, if to be had, a thick poultice of "emp. sappo," and in the absence of this, I anoint well with olei terebinth one part and olei olivæ two parts, applying frequently and rubbing in well. If we get an inflammation of the bowels, as we often do, I use the same local application, in both cases continuing it, with occasional changes, until the surface is a bright red. When the trouble is in the bowels I give no cathartic until the inflammation has entirely subsided. Of course during all of these complications the proper sedative is given in small, but frequent doses; but in all cases these will be either aconite, gelsemium or veratrum.

Where the pulse is feeble and rapid, with a dry or constricted feeling in the throat, aconite is the remedy; where the pulse is rapid, but with a normal tension, and considerable nervousness is manifest, gelsemium is the remedy; where the pulse is rapid, strong and bounding, veratrum is the remedy. But in no cases give either quinine or calomel, as they will certainly be detrimental.

I am aware that a large majority of my professional brethren will take issue with me as regards the efficacy of quinine, but I take the ground that it will never be of any benefit, but, on the contrary, an absolute injury in this many-headed disease. I have treated some hundreds of cases of la grippe, and without a single loss thus far, and I have never yet seen any indication for either quinine or calomel. In fact, I am free to say that I have never yet seen any case where I thought calomel was indicated, either in this disease or any other, for that matter. There have been many deaths from the grip and its complications in this vicinity during the past two years, but the treatment mapped out above has thus far kept me off the shoals, and I think will any other person if promptly and intelligently carried out. In the convalescent stage I usually give bark and iron, maltose and hydrastis, the pepsin preparations, etc., as they seem to be indicated.

Perhaps it will not be amiss to give you my treatment for the abortion of the distemper, and I can do no better than to give a case history of one out of a large number treated about the same way.

One night recently I returned to my office about 11 o'clock, and found my office boy, John Lockwood, aged 21, with overcoat and hat on hugging a red-hot coal stove. On questioning him he informed me that he was sure to die very soon unless I gave him something to relieve him at once. He told me that about half an hour before, while reading, he was taken very suddenly with a dizziness and pain in the head that had rapidly extended down his spine, and seemed to radiate all over him, and there was not a single inch of him that did not feel as though a mule had kicked him. In fact, he thought the devil had a good hold on him this time, sure. He had tried to telephone me, but when he made the attempt he was unable to grasp the crank of the machine on account of extreme nervousness. It was with difficulty that he was able to walk to my residence, a distance of four blocks. After getting him there, I put him to bed, and began giving him fluid extract pilocarpus, in forty-drop doses every thirty minutes, until profuse perspiration was produced, requiring about three drachms. I then covered him up well, and left him for the balance of the night. The next morning he was able to dress and come down stairs, and the following morning he

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was on duty at my office, although quite weak. The day following the sweating process I gave him tincture nux. vomicæ in drop doses every hour, and followed this with maltose and hydrastis, a teaspoonful before meals and at bedtime, although I am satisfied that some preparation of calisaya, iron and strychnia would have suited this case better, owing to his extreme nervousness. The second day he complained of an intense frontal headache, which was soon relieved with drop doses of tincture belladonna every hour. He made a good and rapid recovery.

I give this case as it was probably the most violent attack of any I have seen this season. I am convinced that the pilocarpus, in full doses and crowded to its full physiological effect, will abort the disease nearly every time if taken in the forming stages and before the active fever has set in; and I think it will ameliorate it even later on.

C. C. EDSON, M. D.

Dixon, Ill.

TWO IMPORTANT POINTS IN RELATION TO HÆMOGLOBIN COMPOUND.

There are two important points to bear in mind in the use of this article that require special notice. In the first place, the dose usually employed is too large, and in the second place, when larger doses are required the intense sweet taste given to the preparation, on account of the extract of malt present, can be effectually disguised by the bitterness of ale, maltale or beer.

In relation to the first point, I find that in the majority of cases five, ten, or fifteen-drop doses of Hæmoglobin Compound, given hourly, answers a better purpose than larger doses given at longer intervals. This is especially true in cases of nausea, or when food of all kinds produces distress. I have treated several cases in which this point has proved a very important one.

The first case was that of a well-known Wilmington lady who has a chronic trouble of her digestive apparatus, of a somewhat uncertain nature, in which food of all kinds gave great distress, and in which five-drop doses of Hæmoglobin Compound, given hourly for thirty-six hours, enabled the patient to retain her strength until the stomach again tolerated her ordinary diet. The case is a very interesting one, and would bear reporting, as it has been in the hands of some of the leading physicians in both Wilmington and Philadelphia, and there is quite a difference of opinion about the nature of the disease. Chronic catarrh of the duodenum there certainly is, but whether there is anything malignant about the case is a matter of doubt. The point I wish to make, however, is that in five-drop doses, hourly repeated, the patient was nourished thirty-six hours, during which time symptoms of heart failure of the most alarming nature disappeared, and the condition was so far improved that her ordinary diet could be given in the time specified. She had been, and is still, living on an almost exclusive meat diet, as starchy foods are not digested by her.

The next case is that of a seven-year-old boy, who was under my care at Cape May Point last summer. This case was also obscure, but seemed to be one of chronic ptomaine poisoning from the decomposition of food in his alimentary canal. He was just recovering from an attack lasting several months, in which the stomach refused work entirely, and the patient was fed by rectum for a long time. Learning this history, I commenced at once with rectal feeding, after all the usual methods of "settling" the stomach with lime-water, etc., had failed. Finally the bowel became intolerant, and then I resorted successfully to five-drop doses of Hæmoglobin Compound, hourly for about forty-eight hours, after which he was gradually returned to ordinary diet. In this case there was also serious symptoms of heart failure, which disappeared under the hæmoglobin medication.

The third case was that of a lady who has had a periodic stomach trouble, returning about the same time every year for several years past, and reducing her near to the grave. This case has been entirely cured by Hæmoglobin Compound, as she has had no further attacks during the past two years.

In relation to the second point, I often use Hæmoglobin Compound in teaspoonful doses, given three times a day, mixed with the food at mealtimes, the compound being first added to the maltale, in the pro-

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portion of one to eight. Roberts, of England, has called attention to the enormous digestive power of pancreatic diastase in the digestion of starch. He says, "Pancreatic diastase is able to transform into dextrine and sugar no less than 40,000 times its own weight of starch."* He also calls attention to the fact that the diastase of malt has equal value. To quote his own words: "In malted barley we have at command an unlimited supply of diastasic power, and it is not surprising that many eyes have been turned in this direction, and that many efforts have been made to utilize this resource as a means of assisting the digestion of starchy food when the supply of natural diastase is deficient."† Hæmoglobin Compound is a mixture of beef's blood with extract of malt, whiskey and glycerine, and possesses powerful digestive, as well as nutritive, worth. Maltale is also rich in diastase. And, as one prominent physician said recently, "Hæmoglobin is a fine thing alone, but when mixed with maltale it is simply perfection."

Roberts bears out my idea of giving the mixture with the food. He says: "The better plan is to direct the patient to sip his dose of malt extract, or malt infusion, as the case may be, during the progress of the meal. The object in view is to supplement the action of the saliva, and the artificial substitute should, like the natural secretion, be mingled with the food in the mouth, so that it may have due opportunity for the performance of its destined work before its energies are checked by the rising tide of the gastric acid."‡ He also shows that the acid of the gastric digestion is not sufficiently concentrated until an appreciable time after a meal, so that the digestion of starch goes on for awhile before the ferment is destroyed by the acid.

F. E. STEWART, M. D., Ph. G.

Demonstrator of Materia Medica and Pharmacy, Jefferson Medical College, Phila.

*, †, ‡.—Collected Contributions on Digestion and Diet. By Sir William Roberts, M. D., F. R. S., formerly Physician to the Manchester Royal Infirmary, and Professor of Medicine in the Victoria University. Lea Brothers & Co. Philadelphia. 1891. See pages 35, 222 and 227.

PUERPERAL ECLAMPSIA.

Puerperal eclampsia is a disease whose etiology and treatment have puzzled the closest observers, as well as having been the source of controversy among the ablest writers and thinkers of our noble profession. I doubt whether there is another disease, or symptom of a disease (unless it be post-partum hemorrhage), which so completely confuses and baffles the skill of the most experienced.

It is necessary, then, that we should remain calm and self-possessed that we may be able to administer to the wants of the sufferer, and thereby take every opportunity to save life. I see no reason to doubt that albuminuria is the prime cause of puerperal convulsions. There is one statement that can be made absolute, namely, that if all albuminuric cases are not eclampic, all eclampic are albuminuric. It may declare itself during pregnancy, labor or the puerperal state.

The mechanical interference with the circulation occasioned by the enlarged uterus, and the larger quantity of blood required for the nutrition and development of the fœtus, imposes a greater amount of work upon the heart, the left ventricle of which becomes hypertrophied to compensate for the extra work thrown upon it, thus placing the kidneys on a strain correspondingly. By these combined causes the latter organs become irritated by overwork and the pressure of the gravid uterus upon the renal vessels, and allow the superabundant albumen to escape.

A characteristic objective symptom is the œdema or dropsy, although œdema is not always present in pregnant women having peurperal convulsion. The premonitory symptoms rarely come unheralded. The most frequent forerunners are headache, especially frontal; disturbed vision, some epigastric pain or distress, which is not always present, but when it is, it is very severe, almost unbearable. After a longer or shorter duration of the above symptom, the convulsive manifestation occurs suddenly.

The treatment divides itself into prophylactic or general, and that which is required for the actual attack or convulsion. Therefore, we must determine in the usual man-

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ner whether the albuminuria is functional or organic. If the latter, induction of premature labor is indicated; if the former, hygienic measures, non-nitrogenous food, regulation of the excretions and secretions, etc., will often accomplish much to ward off the impending attack. As to the management of the convulsion, the physician's duties become imperative. He must guard against any injury the patient is liable to sustain, admit an abundance of fresh air into the chamber, as the embarassed breathing may demand, guard against injury to her tongue and mouth by placing a folded napkin, or cork of suitable size, between her teeth, with string attached, so as to avoid dropping it by accident into the throat. The malady not being a self-limiting one, any remedy which will cut short the convulsive tendency must be a powerful one, prompt in its action, in order to make a decided impression upon the system. The therapeutical agents at our command to meet this foe are the following: Uterine evacuation, anæsthetics, morphine sulphate, veratrum viride and chloral hydrate. As to uterine evacuation no doubt we all agree, abstaining, however, from all violence during the operation. Anæsthesia, morphine sulphate and veratrum viride form our therapeutic tripod. Anæsthetics are useful at all stages to control the spasms, the morphine sulphate, veratrum veride and chloral hydrate are especially adapted to cases after delivery. Clinical experience has taught me to rely on morphine sulphate, and I consider it my sheet anchor, especially after delivery. I rely on no other remedy in preference to the free use of this drug, administered hypodermically in one-quarter to one-half grain doses, as the symptoms may demand.

I. B. GILBERT, M. D.

Philadelphia.

PROGNOSING THE SEX OF THE CHILD.

In the February number of the MEDICAL SUMMARY Dr. Ross is made to say something that I can scarcely believe he would be foolish enough to say, yet it may be possible he said so, for some people are given to saying very foolish things. He says he "can foretell the sex of the child from the place where the mother feels the fœtal movements most distinctly. If she feels them chiefly on the right side the child will be a girl; if on the left side a girl." Now, I do not know whether the Doctor means to say girl in both cases or not. It seems to me that it is very likely a typographical error on the part of the SUMMARY or the *Medical Record* from which it was taken. Dr. Ross should see that this is corrected, whether it be a typographical error or an error on the Doctor's part. If it is an error on the part of either publisher we hope they will make Dr. Ross say what he said. If he said what the journals say he said, I hope he will say something in the future that is worth reading, and not put such foolish things out any more. Give us good wholesome matter to digest and we will be glad to have a chance to devour it.

J. W. HAMER, M. D.

Johnstown, Pa.

[What Dr. Hamer has reference to in the above was a typographical error, as must appear self-evident. The last word in the paragraph should read *boy* instead of *girl*. In this connection we quote what Dr. Lussier, in a recent issue of the *Medical Age*, says in relation to determination of sex: "I have learned, by an experience of thirty years, that a woman lying habitually on her left side, when she is pregnant, will give birth to a male child, on the right side to a female, ninety times out of a hundred. From this I conclude that one ovary produces male germs and the other female. The question of sex, then, to my mind, depends almost entirely on the decubitus of the woman at the time of her impregnation."—ED.]

POULTICES.

One of the most deceptive things connected with medical treatment is the poultice, and I was glad, a few months ago, to see that someone had attempted in the MEDICAL SUMMARY to properly characterize its use.

Suppose you have a carbuncle to deal with. Go on with the hot poulticing, and cultivate and enlarge the whole thing, which indefinitely propagates its miserable species, multiplying and enlarging the points of suppuration; for, as a fact in

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such a case, if there is any physical wickedness in the system you thus develop it at that point. Having brought the abscess to a robust condition, there is one thing more you can do to complete the mischief; that is, open it freely with your crucial incision, and if you do not have blood-poisoning it is not your fault. This is a brief statement of what happens every day.

Let us look at the philosophy of the boil, the carbuncle, and like affections. Some fault exists in the regular elimination, and the morbic material is collected at some convenient point to force it out of the system in an extraordinary manner, and it will be noticed that a wall of coagulable lymph forms around it to complete the enucleation, and the obvious indication is to assist in this work, which can be done in the most admirable way by applying collodion over the hardened, thickened part, leaving the centre uncovered. On drying, the collodion contracts, and thus firmly separates and protects the surrounding parts from the pestiferous mass. By touching the suppurating points with pure nitric acid, and keeping the centre of the tumor moist, there is a prompt discharge of the pus and a rapid recovery.

This is no mere theory, but has been used in scores of cases with the most satisfactory results. I started out particularly to say something about poulticing, but I think what I have said will set you poulticing readers to thinking.

J. H. STEARNS, M. D.

Lynn, Mass.

CLINICAL NOTES.

I find chloroform to be a very useful ingredient in prescriptions for la grippe.

I find rhus toxicodendron, mother tincture, to be a valuable remedy in acute rheumatism with endocardial complication.

I have been especially impressed with the dictum of W. B. Cheadle in his Harveian lectures on rheumatism, 1890—that all sufferers from acute and subacute rheumatism should have absolute rest in bed. I also would recommend to considerate attention the pronounced belief of Alexander Harkin, of Belfast, that acute rheumatism is essentially a specific form of endocarditis, always. Following Harkin's plan, I have applied fly-blisters over the heart where I had discernible, and not merely theoretical, endocarditis, with prompt benefit locally and constitutionally.

I have very many times verified the value of amyl nitrite for the relief of the peculiar flushings and depressed mental vapors of the climacteric period in the female; also for the nervous and hysterical troubles of younger women, characterized by suffocatings, spasms, cold hands and feet, etc., etc., giving 1-100 to 1-1000 of a drop in cold water internally, or in similar quantities by inhalation. Patients under treatment rely upon a dilution of the drug in alcohol with confidence to avoid what had been previously troublesome and oft-recurring "spells."

ARTHUR DEVOE, M. D.

Seattle, Wash.

MEXICO—WHO WANTS TO GO?

As an American physician practicing medicine in Mexico, I no doubt meet with many cases that doctors in the States do not. The native people are subject to chronic troubles, especially the poorer classes. Smallpox rages everywhere, and at all seasons of the year, but it is not so fatal nor so much dreaded as in the States. For those who can speak the Spanish language Mexico offers a fine field for American M. D.'s, but I would not advise a man to come here who does not speak Spanish. The laws of Mexico require six courses before graduating, yet with all this the native doctor is a slow-go, generally speaking.

I. J. BUSH, M. D.

Doctor Arroyo, Mexico.

Undoubtedly you have cases in practice which would be of interest and importance given in brief to other readers of the SUMMARY. Let us hear from you with a brief, practical article, favorite prescription, or even a therapeutic note from experience will be welcome and acceptable matter for the SUMMARY.

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Medical Progress.

Some Favorite Prescriptions.

For infantile colic, the following I have found most serviceable. It contains no opium or other deleterious ingredient. It may, therefore, be administered *ad libitum*. Its action, however, is so prompt and satisfactory as generally to render more than two, or, at the most, three doses unnecessary:

℞. Sodii bicarb.....gr. viij
Olei anisi.....♏ viij
Mucil. acaciæ.....ʒ ss
Aq. menth. pip., q. s.....ʒ ij
M. Sig.— 3 j every half hour.

For the relief of pain the following prescription is invaluable. It was originally intended for the spasmodic colic of adults, but I have known it to be of benefit in so many other affections (angina pectoris, asthmatic paroxysms, etc.,) that under no circumstances would I like to be deprived of the formula. Of course, it is most useful in troubles into which a convulsive element enters:

℞. Spts. chloroformi.. .....3 iij
Tr. opii camph.....3 vj
Tr. cardamomi comp., q. s. ʒ iij
M. Sig.— ʒ ss pro re nata.

As a carminative, the following mixture is excellent:

℞. Tr. columbæ .....3 iij
Spts. ammon. aromat.....3 jss
Tr. cardamomi comp., q. s. ʒ iij
M. Sig.— ʒ ss pro re nata.

In cases of malarial cachexia, after the periodicity has been broken up by the large doses of quinine, the following combination fully meets the indications of the case, viz., to tone up the system and prevent a return of the chills:

℞. Liq. sodii arseniatis.....3 j
Ext. eucalypti fl.....3 iij
Tr. cinchonæ comp.....ʒ jss
Aquæ cinnamomi, q. s.....ʒ iij
M. Sig.— 3 ij ter in die, in water, after meals.

In atonic dyspepsia I have known the following to act like a charm. The pepsin and the lactic acid supply the deficient secretion of the stomach, while the nux vomica acts as a tonic to the nervous system, and stimulates the gastric mucous membrane to a proper performance of its functions:

℞. Liq. pepsinæ .....ʒ ij
Acidi lactici.....3 vj
Tr. nucis vomicæ.. .....3 jss
Aq. menth. pip., q. s.....ʒ iv
M. Sig.— 3 ij ter in die, after meals.

Sick Headache.—For a long time I have searched for a prescription that would cure sick headache. Various combinations were tried, but nothing satisfied me until I came across the following in an English work on "Headaches; their Nature, Causes and Treatment," by Wm. Henry Day, M. D. To this I have added one ingredient, the bromide of ammonium. Some may object to the formula on the ground of polypharmacy, but where every drug is given for a definite purpose it is allowable to combine many ingredients into one prescription, especially when the resulting compound is as efficacious as the following:

℞. Sodii bicarb.,
Bismuthi subcarb.,
Pulv. acaciæ.....aa.....3 j
Spts. ammon. aromat.....3 ij
Ammonii bromidi.....3 jss
Syr. zingiberi.....3 iij
Aquæ dest., q. s.....ʒ viij
M. Sig.— 3 j as required. Repeat if necessary.

In the first stage of pneumonitis, and in other diseases in which a febrifuge is called for, the following has proved of great service to me:

℞. Tr. veratri viridis.....♏ xl
Tr. cinchonæ comp.....ʒ j
Potass. acetatis. .....ʒ ss
Morphia acetatis..... .....gr. j
Aquæ dest., q. s.....ʒ ij
M. Sig.— 3 j every two hours.

In neuralgic cephalagia, and in the early stage of la grippe, when the patient complains of pains and aches from head to foot, the following has answered admirably. It also causes a reduction of temperature in la grippe:

℞. Quininæ sulph.....gr. ix
Antipyrine.. .....gr. xviij
Ext. hyoscyami.....gr. iij
M. Ft. capsul. No. vj. Sig.—One capsule every two or three hours.

Eczema.—The last prescription to which I desire to call attention, is one recom-

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mended by Prof. W. A. Hardaway, of St. Louis, and used in his clinic. It is of service in the eczema of children. Having tried it, I can testify to its value:

℞. Ung. picis liquidæ..... 3 ss
Ung. aquæ rosæ..... ℥ jss
Zinci oxidi..... 3 j
M. Sig.—Spread on lint and apply.

These formulæ are here given because, being of service to me, I am anxious that others may also have the benefit of them. The majority of them are original. They are all, in my humble opinion, efficacious.—*Dr. Crutchfield in Virginia Med. Monthly.*

Dryness of the Tongue.

Extreme dryness of the tongue is, under any circumstances, a very distressing symptom, and one which does not readily yield to treatment while the concomitant cause remains in operation. The sucking of ice or sipping of bland fluid gives but temporary and inadequate relief, and the same may be said of glycerine employed as a paint. In this condition Dr. Blackman has successfully used pilocarpine, one-twentieth to one-tenth grain, in the form of a gelatine lamel allowed to dissolve on the tongue previously moistened with a sip of water.

Cleanliness of the Mouth.

Dr. Thomas, a German physician, calls attention to the great prophylactic value of buccal cleanliness. The best dentifrice, he says, is soap, which dissolves the mucus and removes it from between the teeth more thoroughly than any other substance. After a careful brushing with soap, or with the tincture of soap-bark (quillaya saponaria), some antiseptic should be used. Listerine is valuable for this purpose. The following is recommended as a useful and pleasant buccal disinfectant:

℞. Thymol.....gr. iij
Benzoic acid..... ....gr. xl
Tincture of eucalyptus.... 3 iij
Essence of peppermint.....♏ x
Alcohol..... ..... ℥ iij
M. Sig. — Pour enough in a glass of water to render it turbid, and use as a mouth wash.

Mechanical Dysmenorrhœa.

Dr. Goodell recommends the following:

℞. Ammoni bromidi..... .... 3 ij
Potassi bromidi..... .... 3 iv
Spts. ammoniæ aromat.... 3 vj
Aquæ camphoræ....ad 3 xlviij
M. Sig.—One dessertspoonful to a tablespoonful every two to four hours.

℞. Spiritus ammoniæ aromat.,
Spiritus ætheris comp. aa. 3 viij
M. Sig.—One teaspoonful to a dessertspoonful of water every two to four hours.

When the pure nervines fail, the next resort is to the hypnotics, and of these opium in some form takes rank. Rectal suppositories, containing one grain of the extract of opium and half a grain of extract of belladonna, are familiar remedies to most physicians. The effect of the combination of the nervines with narcotics is often happier than the administration of the latter only. He also uses the following:

℞. Chloral hydrat..... 3 ij
Potassii bromidi..... 3 iv
Aquæ camphoræ..... 3 xlviij
M. Sig.—One tablespoonful every two to four hours.

Gonorrhœa.

Dr. McIntosh (*N. Y. Med. Jour.*) says he has found nothing equal to hydrastine in the treatment of gonorrhœa:

℞. Hydrastine..... ....gr. i–ij
Zinci acetatis,
Plumbis acetatis....aa....gr. j
Aquæ puræ.
M. Sig.—Use as injection after washing out urethra with warm water. Internally alkalies and copaiba.

Dr. Wm. B. Dewees, of Salina, Kansas, employs the following method with excellent results:

℞. Sodium borate..... 3 iv
Resorcin..... 3 iv
Glycerin..... ℥ ijss
Rosewater..... ℥ viij

The patient is directed to use an olive-pointed, hard-rubber syringe, and inject about two drachms every two hours the first day; afterwards lengthen the intervals as the discharge lessens. After the third day, tincture of cannabis indica in five-drop doses, every three hours, is or-

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dered. Expose the glans penis and bathe in as hot water as can be borne three times a day. Good nutritious diet, and attention to bowels, avoidance of all undue exposure as to cold and labor, and abstention from sexual congress are necessary. Thus managed, few cases will remain uncured after eight days treatment.

Scald-Head.

Tinea capitis, or scald-head, which is rather an unpleasant disease, has been successfully managed by the use of pyroligneous acid, after the scabs were removed by the application of a soft bread and milk or elm poultice. A short shaving brush is then used to apply the acid to every part of the diseased scalp. Two or three applications will generally suffice, if attention be paid to the general system, which is absolutely essential, in all skin diseases, to be successful. The physician who addresses his treatment to the local affection alone will often fail, whilst another who resorts to constitutional measures will find them to yield readily.

Deafness.

Deafness arising from repeated attacks of quinsy, which close the internal auditory passages, may be overcome by the continued and alternate use of tincture belladonna and tincture sulphur, in one or two drop doses. Tincture iodine, in half-drop doses, or one-fourth grain of iodide of potassium, thrice daily, will dissipate the thickening of the mucous membrane which closes the tube. Blisters reapplied behind the ears will also exert a good influence.

Scrofulous Ophthalmia.

The following recipe was much used by the late Dr. C. Fronefield, in this troublesome disease:

℞. Ext. belladonna.....gr. v
Chloroform.....℥ ss
Aquæ.....℥ viij
M. Sig.—Wash two or three times daily.

Also:

℞. Quin. sulph.....3 jss
Liq. potass. arsen.....gtt. x
Ext. hyoscyami.....gr. iij
M. et fiet. Pil. 60. Sig.—One ter die.

Specific Suggestions.

In the laryngitis known as minister's sore throat, give fifteen drops of the tincture of collinsonia.

Sticta pulmonaria, two drops of the tincture every half hour or hour, is specific for occipital headache.

In all forms of dyspnœa, especially if of a functional character, give small doses of the tincture of quebracho.

In the delirium of typhoid, if wild and curious, give from 1-200 to 1-100 of a grain of hyoscine. It is specific.

In the early stages of acute orchitis give from three to five drops of the tincture of pulsatilla every two hours.

In loss of appetite, with an atonic condition of the stomach and bowels, ten drops of ava kava every two hours is specific.

Calcium sulphide in 1-20 grain doses will prevent the formation of boils, and in one-quarter grain doses will hasten their suppuration.

In persistent facial neuralgia give ten grains of muriate of ammonia and 1-120 of a grain of atropia every two or three hours.

In all forms of acute cold in the head, with the usual symptoms, give fifteen drops of euphorbia pilulifera every two hours.

Apply a strong solution of the bicarbonate of soda to a surface poisoned by rhus toxicodendron. The relief is almost immediate.

A specific remedy in the treatment of afterpains without interfering with the contraction of the womb, is an infusion of white cohosh.

In acute nephritis, with anasarca, give full doses of a good preparation of elder (sambucus nigra). The anasarca will be quickly relieved.

Chloral is a specific wherever a powerful and immediate relaxing effect is needed. It acts beautifully in the acute spasms of childhood.

In lithæmia, with constant backache, sometimes circumscribed and painful urination, give five grains of benzoate of lithia in a large quantity of water.

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In diarrhœa, with copious, watery, offensive discharges, especially if apparently induced by eating or drinking, give from two to four grains of hydronapthol every two hours.

In the pain of urination caused by an excess of uric acid, give five grains each of benzoic acid and borate of soda in an ounce of water every two hours. The third dose will give relief.

For pain in the right side of the head, sharp and burning, with burning sensation in the eyes and nose, with or without an acrid watery discharge, bryonia, in small doses frequently repeated, is specific.

There is a condition in acute bronchitis characterized by sharp, short, dry, hacking cough, in which nitrate of potassium in one grain doses, thoroughly triturated with sugar of milk, and given every two hours, will produce great relief.

In the first stages of severe cold, sometimes observed where there is persistent chilliness, with slow pulse and sub-normal temperature, give from the 1-100 to the 1-60 of a grain of strychnia sulphate every two hours. Relief is experienced after the first dose.

In the diarrhœa of typhoid, especially if accompanied with tympanites, give from three to four grains of hydronapthol every two hours, continued after the diarrhœa is checked, and apply to the abdomen cloths wrung from a hot mixture of one part of calendula, one part of arnica, and two parts of water.—*Chicago Medical Times.*

Inebriety a Disease.

Dr. Keeley, of Dwight, Ill., says that inebriety is as much a disease as typhoid fever; that it is due to a poison—alcohol; that it has its symptoms, and that it is as curable by medicine as any other form of disease. He considers inebriety from a patholagical and histological standpoint, and argues that alcohol in the stomach assumes what he calls a paraldehydic essence, which is taken up by the nerves and paid out as it is wanted; that when the supply becomes exhausted the inebriate falls back into a lethargic condition, and is obliged again to resort to his accustomed stimulant. Dr. Keeley denies that drunkenness is ever due to heredity, and says that if such were true, why are not daughters affected as well as sons? He claims to be able to effect cures in 95 per cent. of cases, and says he can take a sodden inebriate of twenty years' standing and sober him in two hours, but he fails to enlighten us as to the method by which the cure is effected.

Dissolving Diphtheritic Membrane.

Dr. Caldwell recommends the following solution for this purpose:

℞. Papain..... 3 ijss
Hydronapthol.....gr. ij
Acid. muriatic.....gtt. xv
Aquæ destillat..... ℥ iij
Glycerini..... 3 ij

M. Sig.—Apply to the affected parts every half hour by means of an atomizer.

[We should be pleased to receive a short paper on the treatment of diphtheria from any of our readers who have had large and successful experience in this direction.—ED.]

Uterine Medication.

Dr. C. P. Noble, at a recent meeting of the Philadelphia Medical Society, said: "I wish to make a few remarks bearing on the general principle of the application of medicaments inside of the uterus. My own experience has led me to the conclusion to which the attention of the profession was called by Dr. Emmet, that applications inside of the uterus are very seldom indicated, and that their field of usefulness is extremely restricted. I think that Dr. Emmet and his co-laborers have shown that the majority of cases of discharge from the uterus are not caused by inflammatory trouble inside of the uterus, but by disease outside of that organ, and, therefore, it is illogical to make applications to the interior of the uterus in the class of cases under consideration. Treatment of the causative lesions in these cases is much more satisfactory, less painful, and free from certain dangers which attach to applications to the endometrium—including uterine colic and salpingo-peritonitis. I am, however, quite satisfied that there

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are cases in which it is proper to make applications inside of the uterus, as, for instance, cases of purulent endometritis, due to gonorrhœa, for example. In fungous endometritis, where the condition is not sufficiently marked to require the curette, applications to the endometrium are useful and will often effect a cure. In the condition formerly called endometritis, the evidence of which was uterine discharge, I take it that treatment of the endometrium is not indicated, and is harmful rather than beneficial."

Antikamnia.

The therapeutic properties are antipyretic, antithermic, analgesic and anodyne. Klemerer, of Germany, makes a distinction between antipyretics and antithermics. He says, "Antithermics act only on the temperature; that is, they influence its reduction, while antipyretics influence the *cause* of the high temperature."

Fever is an acute derangement of all functions, the most important of which are acceleration of the heart's beat, and disturbance of the circulation; nervous disturbance; elevation of the bodily temperature; disturbance of nutrition, including secretion.

These four groups of symptoms may have one or two relations. One condition may be the cause of the other, or they may all be simply the result of a common cause. The nervous disturbances of fever may be summed up as a paresis or convulsions, stupor, coma or delirium.

Jergerson has found that there is a regular diurnal variation of temperature in health, precisely similar to that which is known to occur in fever, thus the twenty-four hours is, as far as human temperature is concerned, divided into a diurnal and nocturnal period.

Burdon Sanderson says: "The only material difference between the conditions is that in fever the normal is 3.267 degrees F. higher."

In health, there is in man a fixed mean and a normal temperature, having a regular rythm, and this variation is beyond the control of all disturbing causes, which do not force the organism beyond the condition of health. The maintenance of the normal temperature and its rythm is dependent upon the nervous system, which within certain limits controls both the production and dissipation of animal heat.

So far as our present knowledge goes, the chief factor in controlling heat dissipation is the vaso-motor nerves, including in man such nerves as control sweat secretions; these nerves being able by contracting the capillaries of the surface of the body, and by drying the secretions of the skin, to reduce the loss of heat to a minimum, and by a reverse action to increase it to a maximum. The only nerve centre proven to exist capable of influencing the heat production without affecting the general circulation, is situated in the pons varolii, or above it, and whilst it may be a muscular vaso-motor centre, it is more probably an "inhibitory heat centre." Of whichever nature it may be, it must act through subordinate centres situated in the spinal cord.

In fever, vaso-motor paralysis, when produced, is followed by an immediate fall of temperature. Fever is, therefore, a state in which the depressing poison, or a depressing peripheral irritation, acts upon the nervous system which regulates the production and dissipation of animal heat. Owing to its depressed state, the inhibition centre does not exert its normal influence upon the system, and consequently tissue change goes on at a rate which results in the production of more heat than normal, and an abnormal destruction and elimination of the materials of the tissue. At the same time the vaso-motor and other heat dissipating centres are so benumbed that they are not called into action by their normal stimulus—elevation of the general bodily temperature—and do not provide for throwing off the animal heat until it becomes so excessive as to call into action, by its excessive stimulation, even their depressed forces. The nerve centres in some cases seem to be completely inhibited. Antikamnia removes the pressure by dilating the capillaries and the other vascular vessels, thus causing local congestion to disappear. It reduces the pulse-rate, thereby slowing the heart. It controls the vaso-motor nerves, besides calming the whole nervous system, and thus has a general soothing effect. It is a valuable remedy

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as an antithermic; its action in this regard is well marked, sometimes reducing the temperature two to three degrees F. in a few hours. It seems to have a better effect on the high evening temperature than upon the high diurnal temperature. An extreme degree of fever, with or without complications, is dangerous, and must be controlled; in addition to the direct subtraction of heat by cold applications, we must, with caution, have recourse to antipyretic remedies. A distinction must be drawn between fever and its pathogenic agent. Such an antipyretic as Antikamnia may not act on this agent, but may have an independent action, therefore have only a transitory effect, or it may influence this agent in the same manner that quinine does the germ of malaria or influenza.

An additional advantage gained in typhoid fevers, and all gastroenteric fevers, by the admisistration of Antikamnia in moderate doses, is that the alimentary canal is rendered alkaline and kept in an antiseptic condition, and this is a most important condition to maintain in the treatment of all fevers.

The best results are obtained with Antikamnia when exhibited in small doses, repeated at proper intervals, and the most desirable vehicle is sherry wine or diluted brandy.

The duration of the effect of Antikamnia is longer than that produced by any of the other coal-tar derivatives. It also seems indisposed to produce sub-normal temperature, as some of the others do.

In the pyrexia produced by exposure to the rays of the sun, which is common in India and in our large cities during the summer solstice, Antikamnia, in addition to cold douches, is the best remedy. Antikamnia reduces temperature by increasing radiation of heat from the body, and diminishing heat production. It stimulates the glandular system, particularly the sudorific glands. In many cases its action as a diaphoretic is phenomenal.

In some cases it has marked action on the mammary glands, producing an increase in the flow of milk. Antikamnia can be given to children without any ill effects, and is a reliable remedy. In pertussis it keeps the paroxysms in check, and makes the patient more comfortable than any remedy we have. The cyanosis induced by its administration is *nil*, unless there is a peculiar idiosyncrasy, which is found sometimes, producing manifest heart disturbance. These are to be overcome by stimuli, or intravenous injections of salt. Antikamnia acts admirably in the after-pains of labor, in dysmenorrhœa, hemicrania, migraine, ordinary sick or nervous headache, in the pains of locomotor ataxia, the various neuralgias, epilepsy, and in the aching pains produced by la grippe and dengue. It exerts a decided beneficial influence in bronchial and pneumonic troubles, as well as the fever of phthisis. It acts as an analgesic by obtunding the sensibilities of the vasomotor and sensory nerves. It seems to tranquilize the ganglionic centres of the whole nervous system, and has but slight action on the brain. We mean by this, that it does not stupefy or produce unconsciousness. It seems to have no disturbing influence on the kidneys. It has a happy effect in nearly all neurotic troubles, and is destined to occupy a permanent position in therapeutics.

Antikamnia is of the Amido-Benzole series, in combination, and is much to be preferred to any other of this class of derivatives.

Influenza—Phenacetine.

At the stated meeting of the Medical Society of the County of New York, January 25th, 1892, the subject for discussion was the epidemic of influenza. The discussion was opened by Dr. Janeway, and after addresses by Drs. Jackson, Draper and Robinson, Dr. Francis Delafield addressed the society on the treatment of influenza. He stated as follows: The treatment consisted in putting the patient to bed, and seeing that he was well nursed, and had proper diet while the disease was running its course. It was possible, however, for the physician to interfere with advantage in the case of certain complications. Of all the remedies suggested for the treatment of influenza and its complications, such as severe headache, neuralgia pains, etc., he had found nothing so reliable as Phenacetine, in doses of five grains every two hours. The catarrhal throat trouble

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which is often present he had treated successfully with aconite, or salicylate of soda, with a solution of cocaine for local applications.—*Medical Record.*

Easy Method of Feeding Per Rectum.

Dr. Y. M. Jones-Humphreys writes in *Lancet:* Some months ago, having to treat a bad case of gastric ulcer by rectal feeding, etc., I devised an apparatus consisting of a small funnel, a piece of elastic tubing one-half inch in diameter, one and one-half feet long, about four inches of glass tubing (by which the descending fluid can be watched), and joined on to this an ordinary flexible catheter. The atmospheric pressure is sufficient to send any fluid into the rectum, and I have never noticed any return of the fluid, absorption being slow but efficient. The instrument is an improvement on the old enema apapparatus in use. The claims for this method are: (1) It is extremely simple, the patient being able to pass the catheter into the bowel without experiencing any pain or unpleasantness; (2) It is cheap and easily made; (3) After once being shown, the most inexperienced person can use it, and thus we can be sure our patient will have small quantities of nourishment at frequent intervals; (4) The fluid is slow in its passage, and thus nearly the whole quantity becomes slowly absorbed. In any case requiring rectal feeding, I venture to hope that my professional brethren will find this simple method of use to them, and a source of comfort to their patients.

Catarrh, Bronchitis, Etc.

For catarrh in the head, with bronchitis, soreness of throat, ulceration of nasal fossæ, or clergyman's sore throat with unpleasant discharges, we have used the following with much success in practice:

℞. Acid. tanici.....gr. x
Potass. chloratis .....3 j
Sol. acid carbol. (No. 4).....3 j
Aquæ puræ.....℥ viij

M. and use with an atomizing instrument for from five to ten minutes. Either of the above agents alone, are good, but when thus combined are of more therapeutic value.

Ointment for Hemorrhoids.

℞. Hydrochlorate cocaine, gr. xvj
Sulphate of morphine.....gr. v
Sulphate of atropine.....gr. iv
Powdered tannin.....gr. xvj
Vaseline.....℥ j
Essence of rose, q. s.

Make an ointment and apply to the affected parts after each movement from the bowels. It is necessary to have the discharges of soft consistence.—*Journal American Medical Association.*

Ringworm.

Dr. Goldsmith writes to the *British Medical Journal* that, when all other remedies had failed to effect a cure in three cases of ringworm of the scalp, in his own family, he tried Dr. Illingworth's method with prompt success. The formula for this strong blistering fluid, one application of which its originator claims will cure an ordinary case, is as follows:

℞. Hydrarg. biniodid.....3 ss
Sal. sodii iodidi (1 in 4).....℥ ss

A small portion of this is to be diluted with three parts of water, at the time of application. It is to be painted on with a camel's-hair pencil.

Catarrh—Dobell's Solution.

In answer to the request of a subscriber we append the following:

Dobell's solution, or compound solution of borate of sodium, has the following formula:

℞. Borate of sodium.....gr. 120
Bicarbonate of sodium...gr. 120
Carbolic acid, crystallized, gr. 24
Glycerine.....℥ ss
Water enough to make fl. ℥ 16

Dissolve the salts in about eight fluid ounces of water, then add the glycerine and carbolic acid, previously liquified by warming; and lastly, enough water to make sixteen fluid ounces. Finally filter.

The following is claimed by some as superior to Dobell's solution as a cleanser in the treatment of catarrh:

℞. Soda bicarb.....3 viij
Soda biborate.....3 viij
Soda benzoate,
Soda salicylate,....aa....gr. xx

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Eucalyptol, thymol, each..gr. x
Menthol.....gr. v
Oil of wintergreen.....gtt. vj
Glycerine..... ℥ viijss
Alcohol..... ℥ ij

Water sufficient to make sixteen pints. To be used as a spray. It dissolves and detaches crusts and scabs from the nasal passages, and is soothing to the mucous membrane.

Therapeutic Notes.

Removing Particles from the Eye.–Make a loop by doubling a horsehair; raise the lid of the eye in which is the foreign particle; slip the loop over it, and placing the lid in contact with the eyeball, withdraw the loop, and the particle will be drawn out with it.

Cystitis.—Five grains of carb. of lithia, or six grains of benzoate of lithia, taken in a glass of water, is claimed to give relief in most cases. If this fails, give tincture gelsemium twenty drops, alternated with five grains of benzoate of soda, or lithia, every three hours, in water.

For Neuralgia.—Dr. Goss says take menthol, saturated tinct., ℥ j, chloroform ℥ j, tincture camphor ℥ j; apply over the pain. This also relieves headache of a nervous character.

Nevi.—Superficially situated nevi may be cauterized with the strong nitric acid, applied with a glass rod. The resulting slough is followed by a white cicatrix.

Os Uteri.—Pure glycerine applied to a congested and engorged os uteri and to the cervix will cause depletion of the engorged vessels, and relieve the engorgement. Its action is enhanced if a grain of atropine is added to two fluid ounces of glycerine; and besides, the pain is much relieved, and many erosions, ulcers and fungoid growths on the os and cervix can be well treated in this way.

Ingrowing Toe-Nail:

℞. Muriatic acid,
Nitric acid. .....aa..... ℥ j
Chloride zinc..... ℥ j

M. Sig.—Apply one drop to the affected part once a day. This gives instant relief to the pain caused by ingrowing toe-nail.

Delirium Tremens.—Capsicum is a safe drug; twenty to thirty grains is a dose—*i. e.*, half a teaspoonful in honey or cream, and can be confidently recommended for general employment.

Nasal Catarrh:

℞. Ammon. muriatis..... ℥ j
Sodii chloratis..... ℥ ijss

M. Sig.—Add a teaspoonful to a glass of water, to be used twice daily as a nasal douche in post-nasal catarrh combined with deafness.

Tapeworm.—Give eight grains of salicylic acid every hour until five or six doses have been taken; then give a good big dose of caster oil. This is said to be very effective.

Test for Sugar in the Urine.—Prof. Da Costa uses the bismuth test for sugar in the urine. Equal parts of urine and liquor potassæ, add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present the powder turns brown or black.

Anxiety and Restlessness:

℞. Ext. cannabis indica.....gr. x
Camphoræ bromidi.....gr. xx

M. Ft. cap. No. x. Sig.—One, two or three times a day, or oftener if necessary.

Nervous Dyspepsia.—Some cases of nervous dyspepsia that resist pepsin, are not amenable to the ordinary remedies, especially when there is a high state of hyperæsthesia of the centres; then small doses of tincture of valerian and bromide of potassium, ten drops of the former and two grains of the latter, every hour, will be more likely to relieve the symptoms, and under proper diet and rest a cure will be effected.

Bromoform.—This is an excellent remedy in whooping-cough and easy of administration in a little sweetened water. For a child two years old the dose is one drop five or six times a day, which may be increased. The good effects are often brought about within twenty-four hours, and a cure may be had in some cases in two or three days to a week. The liquid is heavy like chloroform, but has no bad taste. When given in water it sinks to the bottom of the spoon in a globule like a small shot, but with care the child will easily swallow it.

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Speedy Cure of Tonsilitis.

The *London Medical Recorder* contains the following prescription for the rapid relief of tonsilitis:

℞. Tinct. veratrum viride...ɱ xxx
Sulphate of morphia.....gr. jss
Distilled water.....3 vj
M. Sig.—One teaspoonful, given twice, with one hour's interval at the outset of the treatment, and then at intervals of two or three hours, as may be required.

The author of the treatment holds that there is some kind of therapeutical agreement or harmony between the drugs, when used together, which gives them an efficiency not possessed by either of them when used separately. For example, the liability to nausea from either of them alone is greatly modified by the combination. He refers to a number of cases in which this treatment has seemed to produce unusually prompt relief, and he asserts that he knows of no drug or drugs which have the power to control tonsillar inflammation with the certainty and celerity of those agents when used jointly.

Pruritus.

For pruritus anywhere, Campho-Phenique, applied locally, is good, but Dr. Joseph M. Mathews, Professor of Surgery in the Kentucky School of Medicine, President Mississippi Valley Medical Association, etc., in an address on "Advances in Rectal Surgery," read before the Kentucky State Medical Society, May 15th, 1890, said:

"Pruritus ani, as we all know, is the most intractable of all rectal affections. I had learned to rely principally on the local application of tinct. iodine, pure carbolic acid, or a strong bichlor. hydgr. ointment. Lately, I have used with the most decided benefit, a new candidate for favors, Campho-Phenique. As a vehicle, I am in the habit of prescribing with it the benz. oxide of zinc oint. in the following way:

℞. Benz. oxide zinc oint.,
Campho-Phenique...aa.... ʒ ss
M. Sig.—Apply as often as necessary.

"I frequently apply the agent, however, in its pure state, with no detriment to either the skin or mucous membrane, but with much benefit in eradicating the disease. Itching frequently disappears under its influence as by magic."

Hydrogen Peroxide.

Dr. C. M. Fenn says (*Med. Age*) that a previous application of a fifteen-volume solution will be found to greatly facilitate the detachment of mucus and muco-purulent secretions from the nares and the cervix uteri, and otherwise prepare the mucous membranes for further medication. In the treatment of burns and scalds it seems to promote cicatrization. I may cite the case of a child, scalded from brow to pubes by tipping over a pot of boiling tea, the derma being exposed in many places. The dressings of white lead were repeatedly torn off, including the cuticle. Yet frequent applications of the peroxide of hydrogen apparently forestalled suppuration, so that in two weeks the wounds were healed!

Syrup of Hydriodic Acid.

Dr. A. Atkinson, in "Notes on New Remedies," (*Meaical Age,*) gives considerable space to describing the method of manufacturing the syrup of hydriodic acid. A good prescription, he says, should have a specific gravity of 1,300, and each ounce should represent 6.67 grains of the pure hydriodic acid. In it there should be no free iodine and no unpleasant taste. He claims for it all the therapeutic effects for which the iodine preparations are valuable, and none of the disadvantages that sometimes follow their continued use. It is readily absorbed into the system, and its regular use can be longer continued without producing iodism, or developing the disgust that either the tincture or the iodides sometimes do. Dr. Atkinson knows of no single case where these adverse symptoms occurred from its use. The preparation he recommends is Scherff's. He claims that it allays nervous spasm and contraction of the bronchi, and is, therefore, a valuable remedy in spasmodic seizures of asthma and whooping-cough. Lymphatic enlargements of the glands of the neck and groin, goitre, rhematism, both acute and chronic, many forms of skin dis-

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ease, and syphilis are among the disorders in which it is indicated. Its advantage in secondary syphilis is that in combination with some tonic its administration can be kept up until the full benefit of both drugs is experienced. It combines readily with most cough mixtures which contain lobelia, senega, blood root, gelsemium, valerian, etc.; and also with cod liver oil emulsions, or with purified petroleum, which is now much used in place of cod liver oil. It finds favor in his eyes for obesity, if the patient will restrict himself to a moderate use of fluids of all kinds, and to a minimum of highly carbonaceous food. It might occur to some of us that if such a regime was adhered to, the fatty tissues would grow beautifully less minus the iodine treatment.

Old Ulcers of the Leg.

Dr. Charles P. Elwert, of New York, writes: "I have treated in the past six months, at Demilt, Bellevue, and Vanderbilt Dispensaries, and also in my private practice, forty-six cases of varicose and other ulcers of the leg, and have obtained favorable results in thirty-four cases by the following method: Cleanse the ulcer by irrigating with a solution of corrosive sublimate, 1 to 5,000. Then dry thoroughly with absorbent cotton, and apply daily the following powder:

℞. Iodoform..... ℥ ss
Sulph. cinchonidia..... ℥ j
Wood charcoal..... ℥ ijss

If any discharge appears after applying the powder, use absorbent cotton before applying the powder again. Advise the patient to rest and to keep the leg elevated. Keep the bowels regular with a mild laxative, and give some stimulating tonic to improve the condition of the general system. In the case of my four patients the powder caused irritation, and the discharge was increased. On further examination of those patients I discovered the existence of Bright's disease. In six other cases, where the above treatment was not successful, a poultice composed of powdered wood charcoal and matricaria was used for three or four days, until I obtained a healthy appearing surface to the ulcer, and I then applied daily the following solution:

℞. Tr. calendulæ..... ℥ ij
Aquæ camphoræ..... ℥ viij

After applying the solution, I strapped the ulcer with adhesive plaster, with good results in four of the above six cases, and gave laxatives and a tonic. As the treatment of chronic ulcers at the present day is not very successful in a large percentage of cases, especially in dispensary practice, the above treatment may be of use to the profession."—*Medical Record.*

Chloroform in Labor.

Dr. Rulison (*Med. and Sur. Rep.*) concludes an article on the use of chloroform in labor as follows:

1. No pain, hence no nervous shock, consequently the "inevitable chill" does not appear.

2. It reduces the number of perineal tears to a minimum.

3. It shortens labor, and in several ways greatly relieves the attendants.

4. Childbirth being robbed of its chief terror, the tendency to resort to criminal practices is reduced, and population consequently increased.

5. Brings increased respect for the medical attendant. The gratefulness depicted upon the countenance of the woman when informed by her attendant that she is a mother (having become so without pain), can not fail to arouse in him thoughts so pleasing that he is apt to forget, for a moment, that a doctor has any trials.

Permanganate of Potash as a Vulnerary.

Permanganate of potash, used as a lotion in a solution of four grains to the ounce of distilled water, is an excellent remedy for the results of crushes, bruises, gun-shot wounds, lacerations, etc., as well as for the bites of venomous reptiles. If you have a case where destruction of tissue is threatened or progressing, as, for instance, a somewhat advanced case of phlegmonous erysipelas, or a severe crush, or any appearance simulating these conditions, use without delay or hesitation a strong solution of permanganate of potash, and your confidence in the drug will be rewarded.

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Favorite Prescriptions.

We hope that our readers will take special interest in this department of the SUMMARY. We solicit practitioners to furnish us for publication with one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written *on a postal card* is a convenient way for sending. Always give them in this order, please:

1. Name of the disease.
2. The formula and directions.
3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the SUMMARY.

Note.

None of the formulas printed in this deparment of the SUMMARY are ever cribbed or culled from any other journal, but every one of them has been sent us by members of the profession from different sections of the country, who are supposed to have found them of value in their own practice. This is a special feature of the SUMMARY, and found in no other journal to our knowledge, although since this department was originated by us others have tried to imitate. Doctor, please bear the above in mind, and when you have a good thing in this line let the SUMMARY have it.

Antiseptic and Plastic Dressing.

I would be very much pleased if you would publish in your "Favorite Prescriptions," an antiseptic and plastic dressing of mine that I have used with perfect satisfaction to myself and patients for the last two years or more.

After washing and dressing the wound with the usual carbolic and bichloride solutions, I dust the wound with iodoform, and finish the dressing with the following:

℞. Balsam fir..... ℥ ij
Carbolic acid..... 3 j
Turpentine,
Alcohol.....aa..... 3 ij

M. Take pieces of linen cloth from one-half to one inch wide, cut to suit. Saturate these pieces in the above dressing, and apply, drawing the edges of the wound together as you would with an adhesive plaster; then roll your bandage also in the above dressing, and apply as you would a starch bandage. This will give you satisfaction every time.

M. K. STURDIVANT, M. D.

Avinger, Tex.

Vomiting, From Any Cause.

℞. Cocaine muriate.....gr. ij
Aquæ calcis,
Aquæ cinnamon.....aa..... ℥ j

M. Sig.—Teaspoonful every half to one hour.

OBSTINATE CHRONIC SKIN DISEASES.

℞. Acidi chrysophanic..... 3 j
Lanoline..... ℥ j

M. Sig.—Apply at night on going to bed, and wash off in the morning.

TYPHOID FEVER.

℞. Acid carbolic..... 3 ss
Chloroform..... ℥ j
Gum acacia..... 3 j
Syrup, q. s..... ℥ iv

M. Sig. — Teaspoonful three or four times daily. If there is a tympanitic condition of the bowels it disappears at once.

I. J. BUSH, M. D.

Doctor Arroyo, Mexico.

For Colic.

℞. Tinct. opii (deodorata)..... 3 j
Chloroform ..... 3 j
Spts. peppermint..... 3 j
Tinct. podophyllin..... 3 j

M. Sig.—Teaspoonful in one-third of a glass of sweetened hot water; children in proportion; repeating the dose every half hour or hour until relieved, increasing the amount if necessary. As an extemporaneous prescription the above is a great favorite of mine.

The tincture of podophyllin is easily made by percolation. Place in the percolator sixteen grains of the drug, previously moistened with alcohol, then pour on a sufficient amount to make two ounces. If preferred it may be made by macerating the podophyllin in two ounces of alcohol for seven days, then filtering through paper, adding alcohol sufficient to make two ounces of the tincture.

T. G. STEPHENS, M. D.

Sidney, Iowa.

Small favors are thankfully received. When you write any of our advertisers, please mention the SUMMARY.

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Notes and Queries.

We cordially invite questions for this column on all subjects of practical interest and value to physicians. Brief, pointed, practical paragraphs embodying the personal experience of any of our readers will also be acceptable as contributions to this department. The SUMMARY is thus a valuable medium for the intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

Communications for this department should be written on one side of the paper only.

The QUERIES in this issue await the ANSWERS which our intelligent readers may be pleased to contribute for publication in our next

Raw Onions for Erysipelas.

Editor Medical Summary:

I send this small, but very useful, contribution to practical medicine. For the past ten years I have used raw onions in erysipelas (and also in some painful cases of erythema), and nothing with me has ever worked half so well. The onions are used externally in thin slices of about the thickness of a silver dollar. These slices are applied over the most painful parts, and are kept on about half an hour, when a second lot are applied. These last ones may be kept on several hours if necessary. Try onions and report in the SUMMARY.

CHARLES H. SANBORN, M. D.

Hampton Falls, N. H.

Colon Douche.

Editor Medical Summary:

In the January number of the SUMMARY, Dr. C. C. Edson, in commenting on Dr. Foster's colon douche, does the subject full justice. Will he allow me to add an item which, in my experience, has worked well, but which, perhaps knowing, he seems to have omitted? I quote:

"Second, colons that are chronically impacted," etc. In these cases I have found two ounces of beef's gall added to a pint of warm water, injected and left remaining for a few minutes, has the effect of softening these impactions, and bring them away with much more comfort and ease to the patient. In these constipated cases I use: ℞.—Sulphur, 20 grains; cotton-seed or olive oil, 1 ounce; mix and take two or three times a day. If mixed thoroughly with sweet milk, warm, two ounces, it is more palatable, or with glycerine, one-half to one ounce. A bottle of suitable size left with a butcher will, at a trifling cost, secure you any amount of beef-gall. I have found it of great value in several forms of intestinal trouble.

BEN. H. BRODNAX, M. D.

Brodnax, La.

Tobacco Habit.—Query.

Editor Medical Summary:

I was glad to see that article from the pen of Dr. Livezey regarding the use of tobacco leading to intemperance. I am positive it does. Nothing will relieve the depression of excessive smoking so quickly as a drink of whiskey. The tobacco is a narcotic depressant, the spirit a stimulant depressant, and those interested in the cause of temperance would do well to strike at one of the great causes of intemperance, tobacco. My object in writing is not to go into cause and effect, but to ask if some of the readers of the SUMMARY will not try the hypodermic injections of nitrate of strychnine for the cure of the tobacco habit, and report results.

H. E. STROUD, M. D.

Oceanside, Cal.

Is He Not Right?

In his annual address to the Philadelphia County Medical Society last month, Dr. John B. Roberts, the President, said the time had come when the Society should say to an intelligent and reputable physician, without regard to sectarian schools, that the door was open to him.

The South for Invalids.

There can be no doubt in the minds of physicians that many persons are handicapped in their recovery from serious diseases by the severe and trying winters of the Northern States. A large number of patients now recovering from la grippe will doubtless suffer from exposures incident to business during the next month or two, and there can no longer be any doubt as to the advisability of a southern trip for the purpose of rest and to escape the rigors of the closing winter. Florida and other Southern States offer most attractive inducements for the invalid and man of

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business. The atmosphere is warm and balmy, the hotel accommodations are all that could be desired, and there are now several hundred places in Florida, the Carolinas and Georgia where can be found all the comforts of a home, together with the luxury of out-door life and sub-tropical scenery. These sections are already famed for their attractions, and are largely patronized by elderly persons who have learned the benefits of a short sojourn in this sunny clime.

Carbuncle.

Editor Medical Summary:

I saw in the SUMMARY and other journals the treatment for carbuncle, but I believe none are as good, safe, certain and rapid as the means I saw used in the City and County Hospital of San Francisco, service of Prof. Ellinwood, It consists in burning the stuffing, as it were, completely out with the Pacquelin cautery. Every opening is pierced with the red-hot point, until nothing remains but loose skin with numerous openings. The learned professor told me they had not lost a case after this means had been adopted, while under every other method the mortality had been large. The class of cases met in charity hospitals are usually of a poor class, physically speaking, and that every case recovered is convincing proof of the efficacy of this method.

Here is a case I saw. Man aged 52, dissipated wreck; weak pulse, general emaciation. The carbuncle was the largest I ever saw, extending from between the shoulders to the top of the head and over the cervical region, discharging from 80 openings. The patient was put under ether, and for a little over an hour the professor burned at it. Every hole was pierced, and at last the hole inside burned out. By this time the whole ampitheatre was filled with smoke and the odor of burned flesh. No water was used. The fluids were wiped away, and dry cotton applied; over this, cotton wrung out of bromine solution, then more dry cotton, and lastly a rubber sheet. This retained the fumes of the bromine. I saw this case in three days. He was walking about the ward, and was discharged in eight days from the date of operation.

Let me ask, does the injection, poultice, crucial incision, expectant plan or tarantula juice effect such cures? For my part I will take the cautery. Should I be unfortunate enough to have a carbuncle, I shall take the first train to the city, and beg Prof. Ellinwood to get out his cautery.

H. E. STROUD, M. D.

Oceanside, Cal.

Jaborandi for Erysipelas.

Editor Medical Summary:

In your December number, Dr. DeArmand, in speaking of the treatment of diarrhœa in children, alludes to Dr. Waugh's jaborandi treatment for erysipelas. I would like to know the Doctor's method of using jaborandi in erysipelas. Will you be so kind as to publish the treatment in your next number? E. B. DAVIS, M. D.

North Hampton, O.

[In reply to Dr. Davis, by request Dr. Waugh has kindly furnished the following: "I give 20 minims fluid extract of jaborandi every 2 to 4 hours till sweating occurs, when the erysipelas begins to fade. Continue till well, lessening dose somewhat. If the heart is weak, add digitalis. If the erysipelas is pale, with little fever, and in fatty or dilated heart, the jaborandi is useless and dangerous."]

Corrections.

In Dr. Coomb's article in the February SUMMARY, the following typographical errors occur: Page 315, eighth line from the top, "toxamia" should be "toxæmia;" the same error occurs again in the third line from the bottom of page 316. The temperature should read the *local* temperature, and a few lines further down read 96 degrees instead of 90.

We want short, practical communications on everyday subjects for publication in the SUMMARY. Remember, short sketches of cases will take very little of your time, and that the few minutes devoted to transcribing a few notes from your case-book—if you have no case-book, then a few sketches from memory—may be of incalculable aid to some brother practitioner.

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Book Notices.

DISEASES OF THE BLADDER AND PROSTATE. By Hal C. Wyman, M. D. The Physician's Leisure Library Series. Geo. S. Davis, publisher, Detroit, Mich. 1891. Price 50c.

The author has succeeded admirably in getting together in a condensed form the best ideas concerning the injuries and diseases of the bladder and prostate, and by a careful perusal of this brochure the practitioner gleans many points of practical value.

THE PHARMACOLOGY OF THE NEWER MATERIA MEDICA. Geo. S. Davis, publisher, Detroit, Mich. 1891. Price $3.00.

We have received number fifteen, or the last part of this admirable work. Included in this last part are the indexes to the whole volume, and a promise of 800 pages is fulfilled with over 1300 pages. The work consists largely of clinical reports of characteristic cases concisely stated, consequently of service in prescribing. No doctor can make a mistake by adding this work to his library.

RECORD BOOK FOR PHYSICIANS AND TRAINED NURSES. By L. O. Van Riper, Chicago. From P. Blakiston, Son & Co., Philadelphia. Price 50c.

This bedside record book contains about fifty blanks for a record every hour in the twenty-four of temperature, pulse, respiration, color and quantity of urine, medicines, stimulants, nourishment, and orders and remarks. Every practitioner should have a case-book, and especially the beginners in the practice of medicine should cultivate the habit of keeping a complete record of his cases.

LESSONS IN THE DIAGNOSIS AND TREATMENT OF EYE DISEASES. By Casey A. Wood, M. D. Geo. S. Davis, publisher, Detroit, Mich. 1891. Price 25c.

The purpose of this little volume is to aid the general practitioner to detect and treat those diseases of the eye which experience has shown are most frequently overlooked by him. There are, however, several omissions that we think should not have been overlooked in a work of this kind, namely, "Conjunctival Diseases," and the "Determination of the Necessity of Wearing Glasses." Notwithstanding this, the brochure may be read with profit by the practitioner.

TREATISE ON GYNÆCOLOGY, MEDICAL AND SURGICAL. By S. Pozzi, M. D. Translated from the French with additions by Brooks H. Wells, M. D. William Wood & Co., publishers, New York. 1891.

This most excellent work on Gynæcology when complete in two volumes bids fair to exceed in usefulness any similar work heretofore published. The volume now at hand comprises 581 pages, 305 wood engravings, six full-page plates in color, and presents the most approved modern views of the following subjects: Antisepsis, Anæsthesia, Control of Hemorrhage and Closure of Wounds, Drains and Tampons, Examination of the Patient, Metritis, Fibroma of the Uterus, Carcinoma of the Uterus, Displacements of the Uterus, Deformities of the Cervix, Atresia, Stenosis, Atrophy, Hypertrophy, Disorders of Menstruation. The exhaustive research and appreciation of the work of other nations indicate the cosmopolitan spirit of the author, and with rare discernment he has utilized all available clinical material from his own rich field, thus making the work a most modern and comprehensive guide, approved by the most advanced thought in this particular direction.

CONSUMPTION: How to Prevent It, and How to Live With It. By N. S. Davis, Jr., A. M., M. D., Chicago, Ill. F. A. Davis, publisher, Philadelphia. 1891. Price 75 cents.

This is a most valuable, timely and well-written essay. Although intended especially for the laity, it may be read with profit by the physician.

THE PRESCRIBER'S PHARMACOPŒIA. By a member of the Pharmaceutical Society of Great Britain. Messrs. Kemp & Co., publishers, Bombay, India. 1891.

This handy little volume gives a synopsis of the more recent remedies, with therapeutic notes and references, and although compiled chiefly for the use of medical

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men in India it is nevertheless of value to members of the profession in all parts of the world.

THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS. Illustrated by numerous cases. By J. Compton Burnett, M. D. Boericke & Tafel, publishers, Philadelphia. 1872. Price 75 cents.

The author of this brochure calls aloud Eureka! Eureka! But has he really found it? There is doubt in our mind, although he reports numerous cases as cured.

SYPHILIS IN ANCIENT AND PREHISTORIC TIMES. By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M. D. F. A. Davis, publisher, Philadelphia. 1891. Price $1.25.

This little volume belongs to the Physicians' and Students' Ready Reference Series, and gives the history, in a condensed form, of syphilis in ancient times. The work will be complete in three volumes.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures. J. B. Lippincott Company, publishers, Philadelphia. 1891. Price $2.75.

The volume before us is number three, or October, 1891, issue, and contains forty-two clinical lectures, all of a very high order, furnished by physicians to hospitals or colleges and professors from different parts of the world. The present volume contains 372 pages, with a number of illustrations, elegantly printed and well bound in cloth.

Microscopical Diagnosis of Tuberculosis. By Paul Paquin, M. D. Little Blue Book Co., publishers, Battle Creek, Mich. 1891.

Stricture of the Rectum: A Study of 138 Cases. Second edition, enlarged. By Chas. B. Kelsey, M. D., New York City.

The Practical Adjustment of Spectacles. By George M. Gould, M. D., Philadelphia. Reprint from *Annals of Ophthalmology and Otology*, January, 1892.

Considerations Upon Medical Hæmorrhage Surgically Treated, with a Successful Case by a New Technique; Saline Infusion for Severe Hæmorrhage. By Robt. H. M. Dawbarn, M. D., New York City.

Dental Infirmary Patients; the Use and Abuse of Dental Charity. By Richard Grady, M. D., D. D. S., of Baltimore, Md. Reprint from *Association Journal*, October 17, 1891.

Tobacco Insanity and Nervousness. By Dr. L. Bremer, St. Louis, Mo. This is a sixteen page pamphlet, and its contents is based on a paper read by the author before the St. Louis Medical Society, in an enlarged and modified form. Published by Meyer Bros., St. Louis, Mo.

Transactions of the American Association of Orificial Surgeons. First, second and third annual meetings, 1888, 1889 and 1890. Edited and compiled by the Secretary, C. C. Edson, M. D., Dixon, Ill. These transactions are combined in one cloth-bound volume of 122 pages, and include a number of very practical papers by members of the association.

Notes on General *versus* Local Treatment of Catarrhal Inflammations of the Upper Air-Tract. By Beverly Robinson, M. D., New York.

Fever and its Dosimetric Treatment. By Dr. Adolph Burggreave. Translated from the French by the editor of the *Dosimetric Review*. New York. 1891.

Character Reading from Photographs. By Nelson Sizer. Fowler & Wells Co., publishers, New York City. 1891. Price 10 cents. This small pamphlet is number nineteen of the Human-Nature Library, and its object is to teach persons not scientifically trained to read character, to estimate a stranger, or to study the habits of an individual by photograph.

We ask everyone who may receive a copy of this issue of the SUMMARY as a specimen to favor it with a close, careful perusal, and if you conclude that it merits your patronage we should be pleased to receive your subscription.

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Summary Gleanings.

Quinine is known to cause uterine colic and pelvic congestion when administered to menstruating women.

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It seems almost like repeating what everyone knows when we add that the odorless solution known so familiarly as Platt's Chlorides fully answers this purpose, and is the disinfectant to rely upon.

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As much greater as is the surface of the towel than the saucer, so much better is the towel than the saucer.

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Literary Notes.

Godey's Lady's Book for May comes to us like the month it heralds, full of beauties, good reading matter, the latest fashion designs and notes, making this a number that every lady needs.

The illustrations in the May *Wide Awake* are of peculiar interest and excellence. The frontispiece by Burgess is full of Chinese atmosphere and sentiment; the profuse display illustrating the old-time stronghold of Pierrefonds, is a practical aid to the text, and so, throughout the number, the illustrations illustrate, an end not always achieved in magazine making. $2.40 a year. D. Lothrop Company, publishers, Boston, Mass.

The *Cosmopolitan* begins its thirteenth volume, May issue, under the joint editorship of Mr. W. D. Howells and Mr. Walker, with a table of contents which will attract attention. James Russell Lowell, Frank R. Stockton, Theodore Roosevelt, Edmund Clarence Stedman, Henry James, Prof. H. H. Boyesen, Hamlin Garland, John Hay, Sarah Orne Jewett, Prof. Langley, of the Smithsonian, Thomas Wentworth Higginson, and W. D. Howells himself are among the contributors. The illustrations in this issue are by such well-known artists as E. W. Kemble, Frederick Remington, F. S. Church, Walter Crane, William M. Chase, C. S. Reinhart, Dan Beard, George Wharton Edwards, Wilson de Meza, etc.

By presenting to the musical world a collection of 400 songs, giving not only the words and solos, but all the instrumental accompaniments complete, the publisher of *Harmonized Melodies* has preserved for modern use scores of the dearest and most pleasing songs of our country. The arrangement of the music is a special feature of the volume, and is the work of Mr. Charles D. Blake, the eminent Boston composer, and the publisher and compiler is Mr. F. Trifet, 408 Washington St., Boston, Mass., well known by reason of his numerous popular musical productions. The volume, which has 256 pages, each nearly a foot square, will be mailed postpaid to any address for 60 cents in paper, or $1.00 in board covers.

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READ—Wanted and For Sale Ads Inserted in this column for 2 Cents per Word.

FOR SALE.—$700 buys house, lot and stable; $1,500 practice free with it. Good credit if wanted. Dr. G., box 81, East Springfield, Jefferson Co., Ohio.

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Notes.

The May *Century*, in addition to the serials now running, contains complete stories by Thomas Nelson Page and Wolcott Balestier, and a humorous skit by Harry Stillwell Edwards, author of "Two Runaways."

For irregular menstruation and leucorrhea:

℞. Celerina..... ℥ iv
Aletris Cordial (Rio)..... ℥ iv

Dose, two teaspoonfuls half an hour before meals.

We have received an announcement from P. Blakiston, Son & Co., Philadelphia, that they have in press for early publication a volume on Materia Medica, Pharmacy, Pharmacology, and Therapeutics, by Wm. Hale White, M. D., Physician to, and Lecturer on Materia Medica at, Guy's Hospital, etc. American copyright edition edited by Reynold W. Wilcox, M. D. To be printed in one compact, handy volume.

An English physician says: "If in any hotel or summer resort, there should occur a single case of typhoid fever or diphtheria, test the drinking water at once. Get an ounce of saturated solution of permanganate of potash. When a drop of this solution is added to a tumbler of water its color changes to brown, it is unfit to drink; if it remains clear or slightly rose-colored after an hour it is, broadly speaking, safe."

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VOL. XIV. PHILADELPHIA, JULY, 1892. No. 5

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PHILADELPHIA, JULY, 1892.

DIAGNOSIS IN DYSENTERY.

Diagnosis in dysentery is a matter of no small importance. Time was when all affections of the lower bowel were submitted substantially to the same treatment —opium and astringents; but with a better knowledge of the pathology, improved methods must be followed. Dysentery may be either catarrhal, amebic or diphtheritic. The amebic form may be of a chronic character, with acute exacerbations, and this practically covers the entire field. Evidently the treatment must vary according to the conditions present, and for this reason diagnosis is of the utmost importance. While opium and astringents may be of service in the acute catarrhal forms, this routine practice in the diphtheritic forms would be quickly fatal, while at the same time the plan would prove utterly fruitless in those cases due to a micro-organism.

It would be well, perhaps, if all cases of dysentery were regarded as directly or indirectly due to bacterial infection. Although no micro-organism can be detected in connection with catarrhal dysentery, there is good reason to believe that bacterial products may bear a casual relationship to the derangement of function which we witness; and the same is true as regards diphtheritic conditions affecting the lower bowel. The matter is brought to the attention of our readers because it is evident that too much routine work is done in many of the more common affections incident to the summer season.

GASTRIC INFECTION.

Auto-infection is undoubtedly a source of great suffering, and, unfortunately, it too often serves as a cause for the administration of medicaments which do more harm than good. Think of the millions of bottles that are annually sold over the druggist's counter for ailments that exist only in the imagination of the credulous patient. Owing to derangement of the stomach from avoidable causes, they carry with them constantly a veritable Pandora's box; their stomachs have become active laboratories for the elaboration of the most

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deadly poisons, and they are offended when they consult an honest physician who suggests changes in the dietary with a view to correct the pathological conditions. People have headache due to stomach derangement. Then, why should they not have other diseases, such as fugitive neuralgic pains, cramps of the extremities, attacks of syncope, epilepsy and the like, from the poison which is daily formed in the stomach? They do; and what is more, very many people suffer in this manner and never know it, or have the least suspicion of the causes which make them miserable. Would it to be safe to say that some doctors do not readily recognize this condition? It would not be saying too much to intimate that a few doctors *do* understand this matter, and they sometimes practice on this knowledge, but not always to the advantage of the patient, because those who come in contact with this class of physicians can afford to be placed under treatment for "neurasthenia," etc., etc., while others cannot.

HABIT TREATMENT.

By habit treatment is meant a form of treatment adopted for the purpose of overcoming some special habit or vice, such for instance as the "drink" habit, the "opium" habit, the "cocaine" and other habits. Few are aware of the gigantic proportions already attained in America by this industry (?). Not a city of any considerable size, nor a town of any importance as a trade centre, that has not one or more places where various vices are treated, but the most recent, and perhaps the most flagrant abuse at the hands of medical men, is the notorious "Keeley bichloride of gold cure," which is rapidly spreading its influence all over the country. In calling attention to this peculiarity of our modern civilization, the pertinent inquiry which presents itself is, what can be the cause which leads to the need for such organizations? Is there a possibility that the medicaments which physicians have prescribed for "the ills that flesh is heir to," constitute a factor in producing this unnatural condition of affairs? Will it be sufficient to assume that the activities of business and the demands of society are all-sufficient to create such a wide-spread demand for private asylums and homes for the opium, whiskey, chloral and cocaine *habitues?* Surely this cannot be the cause, but as a straw showing which way the wind blows it may be remarked that a large proportion of the inmates of these institutions are members of our own guild, which rather goes to disprove the old maxim that "doctors don't take their own medicine."

REGULATION OF DIET IN SUMMER DISEASES.

There is probably nothing that is of greater importance in the treatment of diseases incident to the summer season than the regulation of the diet. Given a child with looseness of the bowels, and the routine plan has consisted in giving a purgative or laxative, or possibly a combination of the two in the shape of castor oil and laudanum, and following this with astringents without regard to the kind or quantity of food which the child was to receive. In a late issue of the *Journal of the American Medical Association*, Dr. Christopher, of Chicago, has called attention to this unscientific practice, and suggests an examination of the stools with a view to determine the dietetic regulations to be followed. When the stools are sour-smelling, indicating fermentation, all starchy foods should be withheld, while in case the stools are of a putrid character, judged by their odor, there is a distinct contra-indication for albuminoids. There are a number of very instructive and valuable lessons in this paper which it would be well for the general practitioner to know, but with the hints here given the intelligent physician will be on the outlook, and will consider diet and hygiene as of the first importance in the treatment of summer complaint.

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Original Communications.

Brief and practical articles, *short* and *pithy* reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the SUMMARY must be contributed to it exclusively. The Editor is not responsible for the views of any contributors.

Write *only on one* side of the paper.

EUCALYPTUS GLOBULUS

In the summer of 1875 I ordered a pound of the fluid extract of eucalyptus. I had seen it highly extolled as a remedy in malarial fevers. It so happened that remittent fever was rife in my practice that summer, especially along the streams. I had ample opportunity to test its merits in that direction. I gave it during the pyrexia with quinine, and so well did it comport with my wishes then that I have continued its use in similar cases ever since. It is true that in some cases with high temperature, accompanied by rapid, full pulse, I control the latter with veratrum veride; or, if the pulse is weak and rapid, with aconite. But the eucalyptus and quinine form the basis of my treatment, and I have had no deaths from remittent fever, or even a protracted case, since, although I have treated a great number of patients during the time.

I next tested it as a local application in diphtheria and chronic catarrh, using it sometimes as a spray, sometimes by means of a camel's-hair brush and occasionally with a soft swab. In these cases I was disappointed, as I never could see any very positive results. I have often had very happy results with eucalyptus combined with other drugs. In such cases it appears to aid the other drugs.

About the year 1880 I saw flaming accounts of the oil of eucalyptus. It was said to be a great antiseptic. This was about the time that bacteriology began to assume hugh proportions, and to grow into a somewhat odious prominence. I say "somewhat odious," for a large number of physicians are positive monomaniacs on the subject. Well, I procured some oil of eucalyptus. The first sample was a dark substance of nearly the consistence of tar, and on trial proved to be of less curative virtue. The next sample was little, if anything, more than a fluid extract, and so of other samples. So I concluded that eucalyptus oil was somewhat mythical.

I have a medical friend, with whom I often correspond, living in Chicago. In March, 1891, he wrote to me, telling me of his success in diphtheria and catarrhal and laryngeal affections from "Eucalyptol." He used it in the form of a spray, sometimes alone, and sometimes combined with vaseline or with alboline. On his recommendation I ordered a sample from Dr. Sander, Dillon, Iowa. I was pleased with the action of this article. It fully sustained the views of my friend, thus greatly surpassing my expectations. Since then I have used it to a considerable extent, and always with perceptibly good results—often with complete success.

The first case in which I used the Eucalyptol was one of pulmonary tuberculosis in an advanced stage. The patient was an unmarried lady of eighteen; was much emaciated, had had numerous hemorrhages, and was much harrassed by frequent paroxysms of continued cough, lasting often for several hours. She expectorated very profusely, the sputa being mostly purulent and quite offensive. Indeed both her breath and sputa had a cadaverous smell that was strikingly perceptible. With a view toward correcting this offensive odor, and to possibly modify the paroxysmal cough, I prescribed the Eucalyptol, at first in ten-drop doses on sugar, to be repeated every three or four hours. At my visit the next day I was surprised to find the offensive odor gone from both breath and sputa, and the cough greatly modified and relieved. I immediately ordered a supply from the Meyer Brothers' Drug Co., of St. Louis, Mo., but before the medicine come to hand my patient had used her small supply, and was without any for three days. During this time the offensive character of her breath and sputa returned. I immediately supplied her with more of the drug. This again relieved her cough and dissipated, as before, the offensive odor, so that she was greatly relieved of the cough and entirely free from the cadaverous odor during the remaining twenty-five days of her life. I observed, too, that the sore throat which was present, and of which she piteously

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complained, was relieved. It ceased to annoy her, and it greatly improved in appearance.

I have since used Sander & Son's Eucalyptol, or, as they frequently call it, "Oleum Eucalypti Fol.," in two other cases of pulmonary consumption. The results were similar to those attained in the foregoing case, except that one of the cases made a complete recovery. In this case the treatment consisted in the administration of Gardner's syrups of the hypophosphite of soda and of lime—not combined, but each as specifically indicated, to cure, if possible, the tuberculosis, and Eucalyptol to modify the cough and to relieve the morbid condition of the throat. I do not think Eucalyptol has any effect on the condition of the lungs further than to deterge the breath. It also exerts an indirect influence on the case by its purifying action on the contents of the stomach, thereby promoting an healthy appetite. The following case seems to support the theory advanced in the last sentence:

In August, 1891, I was consulted by Mr. C., aged 42, a well-to-do farmer. He had, until some three years previous, been a most indefatigible laborer, toiling daily, regardless of the weather, and often until a late hour at night. The result was a *physical break-down*, manifesting itself in loss of appetite, feeble digestion, costive bowels, general apathy, great emaciation, and physical weakness. He had consulted and received treatment from several physicians. Nearly all had treated him for liver complaint—I don't know which one—and he had been puked, purged, and fairly foundered on bitters. Needless to say, he grew worse. Among his physicians was one homœopath, and Mr. C. said he was the only doctor that had done him any good. Said he: "The homœopath is the only doctor I have had that did not make me worse. While I don't think that four of his little pills, not as large as a mustard seed, given each day, helped me any, still they gave my system rest, and did not increase my weakness." In addition to the symptoms above enumerated, there was considerable dilation of the stomach, frequent and loud eructations of offensive gas, and occasional rejection of food by the process known to the laity as "spitting up the victuals." For these gastric troubles I gave him fifteen drops of Eucalyptol in a drachm of peppermint water, after each meal. This appeared to relieve him rapidly. After using the above for a week his eructations and rejection of food from the stomach ceased. Of course, the patient had other treatment, but I have introduced this portion of his medication to show the control Eucalyptol exerted over the morbid fermentation of the stomach.

In a case of putrid sore throat I prescribed Eucalyptol, in the form of a spray with highly satisfactory results.

In a case of typhoid fever, with very frequent and quite offensive discharges, I gave ten-drop doses of the Eucalyptol every two hours, in the mixture that I used to restrain the bowels. Offensiveness dissipated and frequency of discharge was controlled in a few hours.

Eucalyptol combined with cosmoline or alboline is an excellent dressing for foul ulcers and gangrenous wounds. I could detail other cases, but I think I have already said enough to point out most of its therapeutic uses. I understand that Dr. Sander has a controversy on hand with some other party. I do not know who the other party is, what the ground of the controversy, or its merits, so it is clear that I have written the foregoing for the benefit of the profession, and *not* for the emolument of any individual or firm.

W. H. BENTLEY, M. D., LL.D.

Woodstock, Ky.

DYSENTERY.

This being one of the many human ills which so often affect us at this season of the year in our Southern districts, I have assumed the privilege and pleasure of directing to my brother physicians' consideration, through the pages of the SUMMARY, some of my experience with this malady. From my observations I am led to believe the most frequent cause of dysentery to be the sudden reduction of temperature. Nearly every case, when inquired into, relates the circumstance that "being much fatigued and warm he placed himself in a draught of air to cool off," as they term it. This act, of course, checks perspiration and causes determination of blood from

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the surface of the viscera. Thus in a few hours you will find your patient suffering with a severe headache and stupor, some pyrexia; the mucous membrane now becomes coated with mucus, slightly tinged with bile or blood and later on with mucopus, the mucous membrane now becoming greatly swollen and thickened, due to this early and rapid congestion. Now the blood-vessels arranged in the sub-mucous tissue and between the follicles, pour out red and white blood-corpuscles and increase the swelling. The solitary follicles of the large intestine become more or less swollen; later follicular ulcers take the place of the follicles, chilly sensations are felt, fever increases, muco-sanguinous fluid is discharged from the bowels, the stools usually small and teasing, considerable pain over the abdomen, tenderness over the head of the cæcum; feculant passages, then reddish, glary mucus, 3 j–℥ ss only, scybala later.

My experience in this trouble has also led me to believe in the possibility and even probability of it being contagious, for in many instances I have seen it go through entire families. Especially do I note one instance that came under my observation last summer. A child two and a half years old, was attacked with dysentery, and I was called three days after the onset. Five days later another of the family was seized with the same trouble, and so on until six of them had suffered from the ravages of this monster. Upon the fifth day of the child's attack a lady visited the family who was previously well. She kissed the sick child, and five days later was seized with the usual symptoms of the malady.

Various forms of remedies have been catalogued for this trouble, claiming for themselves specific virtues. Many of them I have tested both in children and in adults. In the case of the child spoken of I had an opportunity of almost exhausting the catalogue of remedial agents, the child having from four to six actions an hour. At last I resolved, regardless of its youth and weak condition, to resort to argentum nit. I then mixed a powder containing the following poly-formulæ: Argent. nit., powdered opium, sugar of milk, bismuth subnit. and plumbi acetat. I so arranged these powders as to give about one-sixteenth of a grain of opium and one-twentieth of a grain of argentum nit., with a proportionate dose of the other remedies, every two and a half hours, preceding the first powder with a dose of Rochelle salts. Six hours found my patient resting quietly; the stools less frequent and assuming a natural texture. In twenty-four hours the powders were discontinued, having been repeated only every five hours for fifteen hours. Patient was hungry and dismissed. Since that time I have resorted to the above both in adults and children with the happiest results, the recipe for adults usually being as follows:

℞. Argent. nit.....gr. v
Powd. opium.....gr. xx
Sugar of milk.....3 jss
Bismuth subnit.....3 jss
Plumbi acetat.....gr. x

Mix thoroughly and divide into ten powders. Sig.—One powder every three or four hours. This should be preceded by a large dose of Rochelle or Epsom salts.

I hope this may prove beneficial to some reader of the SUMMARY.

ARTHUR O. JONES, M. D.

Roger's Store, N. C.

GUNSHOT WOUNDS, ETC.

I wish through the dear old SUMMARY to give a few dots and my experience in pneumonia and also in gunshot wounds. I see a great many formulas for the former but few for the latter. On page 73 of the May SUMMARY I read an article on "Turpentine in Pneumonia." The writer is correct, only I do not use it exclusively, but use carb. ammonia in full doses. I use the following:

℞. Ol. terebinthi.....3 ij
Pwd. acaciæ.....3 jss
Aquæ, q. s.....℥ iv
M. Sig.—Teaspoonful every 4 hours.

I formerly used morphia and brom. potash as a quieter, but find in the new drug Antikamnia, the boss.

About a month ago I was called to see a gunshot case. A young man aged 19 years, German, while out bird hunting, was accidentally shot. When I first saw patient he was in a state of collapse, all covered with blood, with an enormous hole in his

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left side. His father, sister and friends were hovering over him, crying wildly, "He is dying, Doctor!" After I had them removed from the room, I made an examination and located the shot. I gave him four ounces of whiskey and one-half grain of morphia sulphate, washed all clots, removed the wads, and then let him rest until the next day so that I could better relieve him of the load of shot, which I did by making an incision three inches from the entrance, relieving him of over a teaspoonful of small shot. My treatment was this: "Antiseptic, Prof. Lister's," plenty of ice, or rather ice water, injected into the wound (that is, carbolized ice water), and applied antiseptic surgeon's cotton and dusted the wound with salicylic acid.

At the present my patient is doing well. Healing of wound is nice, suppuration as well as can be wished for, and patient's appetite is good. I will be glad to report the result of this case in a future number, as it has caused much comment in the neighborhood. I wish the SUMMARY success.

J. P. CARRINGTON, M. D.

Field's Store, Texas.

THE MODERN RAID UPON THE RECTUM.

If Prof. Goodell's "Gems," or advice in regard to not treating all so-called *uterine* diseases locally, but in many cases regarding them as a neurosis, could be applied to the rectum, many painful and useless surgical operations, also meddlesome and hurtful measures, would give way to simple hygienic treatment for the relief of that much abused organ. The sphincter is divulsed, engorged veins are injected, unguents applied, sections are made within the walls of this important sac, and, I am sorry to state, many are ruined beyond all hope of redemption by officious and thoughtless surgeons.

A few weeks ago a young man applied to me for relief. His nights were restless, loss of appetite, emaciation, inclined to be melancholy, dark circles under his eyes, nervous palpitation of the heart, furred tongue, obstinate constipation; a regular victim of overwork that we so often meet with. He was employed in a Home Loan office, and had to keep track of petty chattel mortgages, and had all the frictions and annoyances incident to a life of that kind. He worked long hours; his meals were improperly cooked and served; more tear than repair; awoke as tired as when he went to bed; too much radiation "for his boiler, and he had blown up." He was to have a severe surgical operation performed next day on the lower bowel, and came for advice as to the advisability of having it done. I found an irritable muscle, and quite an ulcerative surface, diffused over posterior rectal wall, secreting a foul, greenish pus, the most offensive it has ever been my lot to meet. I ordered the bowels flushed twice a day to a point of distension, and retained to a limit of tolerance, with the following:

℞. Fld. hydrastin..... ʒ j
Sodæ bicarb.,
Sodæ biborat.....aa..... ʒ iij
Liq. acid. carbolic..... ℈ jss
Glycerine..... ʒ j
Aquæ, q. s.....O ij

M.; and gave this treatment internally:

Syr. hypophos. comp. (P. & D.),
(Hœmatic),
Elix. quinine, ferri and strychnine.....aa..... ʒ iv

M. Sig.—Two teaspoonfuls before meals and bedtime in tablespoonful of malt ext.

He was to have a vacation for one month, take a warm alkaline bath before retiring, and have a brisk rubbing to stimulate skin vessels.

Here was a case of tubercular ulceration to be cut and stretched, and no earthly indication for surgical procedure. I had the satisfaction of receiving a very pleasant letter from him this morning, with the pleasing intelligence that he had gained seven pounds, and did not know he had a rectum, and would buckle on his armor soon and go to work.

Let us search for causes, and get out of this dangerous rut of cutting and slashing. Our patients should be taught to use the bag or fountain syringe at bedtime (as they will never take time in the morning), and allow the stomach and intestinal tube a rest from all sources that will irritate and fret the mucous surfaces. We only expect to possess one rectum in a lifetime, and the best surgeons in the world cannot make an improvement over God Almighty.

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At the risk of becoming prolix I could cite a number of cases where patients have come under my observation who have been seriously injured for life by some tyro who was anxious to use the glittering steel. Call to mind the anatomy of the lower bowel, and study its physiology; how delicately it is organized, and what important branches of the great sympathetic furnish it, and then you can readily understand how the power behind the rectum, the great monitor, can be affected, and how we can have so many reflexes. I will feel amply repaid for this article if by stirring up the thinking members of the profession, I can save even one man from the cold and cruel knife, and prompt my medical friends to search for causes. Teach your patrons that a well-flushed rectum is as essential to health as a clean body or face. Pain or disturbance in that location in many cases is only a warning or expression from the great sympathetic centres that must be heeded. The signal of danger is now only a mere whisper, but if not heeded will assume clarion notes. Educate your patients to eat properly, and also teach them to empty the great water-closet of the system religiously every day. Many people who lead sedentary lives create false appetites by stimulants and condiments of various kinds; take in more than they can throw out, unless by artificial means; fæcal matter accumulates in this great and important tube, peristalsis is impeded, and the natural mucus secretions are absorbed and taken up in the system, and we have our train of evils, viz., furred tongue, headache, jaundiced complexion, et cetera, to the end of the chapter.

In conclusion, I will say, hold on to your patient's little cul-de-sac and secreting glands, and above all do not toy with the gay and festive little round, brown sphincter and stretch it beyond the point of contraction, or you will do a great injury to your patient, and he will hate you to his dying day. More anon, but I am through forever with the rectum.

A. V. BANES, M. D.

St. Joseph, Mo.

Short, practical articles are always welcomed to these columns.

RANDOM NOTES FROM PRACTICE.

QUININE AS A PARTURIFACIENT. — To strengthen uterine pains there is nothing comparable to the quinine sulphate in ten or fifteen grain doses, which is always accessible and easily administered. In suitably chosen cases it never disappoints. Its characteristic effects may be observed an hour after administration, pain recurring more frequently and with progressively increasing power, fretfulness and despondency yielding to confidence and earnestness of effort on the part of the woman. Where the labor was complicated by placenta pævia, dilitation of cervix was promptly achieved by a dose of quinine, permitting entrance of hand, and thus promoting speedy delivery. In other cases, after controlling convulsions occurring before term, where prior to eight months there is apt to be a lack of energy, quinine has taken the place of forceps, terminating labor without accident. In short, whenever in the second stage of labor the natural effort seems inefficient, pains weak and frequent, or moderate and infrequent, give without delay ten or fifteen grains of the salt, and nineteen times in twenty labor will be speedily brought to a close. In a practice of twenty years I have not had occasion to give a single dose of ergot before the expulsion of the after-birth, though for many years it has been my habit to administer a half drachm or a drachm afterward.

VERATRUM VERIDE IN ECLAMPSIA.—Very recently I have met with two cases of puerperal convulsions, one after completion of labor, the other at the seventh month. Both women were primaparæ and albuminuric. The former was Dr. C.'s, and occurred on the second day, and was seen by me after the ninth seizure, the Doctor having administered half a grain of morphine. I directed fifty grains of chloral by rectum, and retired. Six hours subsequently I was requested to see her again. She had had four more convulsions, making in all thirteen. I immediately gave eight drops of Norwood's tincture by hypodermic injection, and directed attendant to repeat the dose in a short time, which was done. Pulse rate fell from 120 to 65, and the disease was promptly arrested. After

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subsidence of convulsions, small doses—two or three drops—were given at regular intervals to control rising temperature and pulse rate. There succeeded a condition of semi-unconciousness which lasted for twenty-four hours, accompanied by delirium and elevated temperature. Recovery though tedious was complete.

In my own case the attack commenced at twelve o'clock; I saw it at six. There had been six convulsions. Five minims of Norwood's tincture were injected into the right arm, shortly after which there occurred two more convulsions, whereupon an hypodermic of eight minims was given, followed after a brief interval by another of ten. Pulse dropped from 110 to 75, and convulsions ceased. Afterward whenever the pulse reached 85 or 90 attendant would give small doses of two or three drops, as the exigency indicated. As the patient had reached only the seventh month of her gestation it was naturally apprehended that there might be a recurrence, but fortunately nothing of this kind happened. On the fifth day after subsidence of convulsive seizure labor set in, and without untoward event resulted in the delivery of a dead fœtus. After the third hypodermic, while the patient was unconscious, two drops of pure croton oil was placed on the tongue, in an hour bringing about a copious evacuation of the bowels.

From the above and other experience I am led to conclude that veratrum is safe, sure and swift to arrest eclampsia; that it should be given in all cases by hypodermic injection, without a preliminary trial of other remedies; that it should be repeated till pulse rate declines to 70 or under; that it might be used in much larger doses than noted above, though ten drops may be deemed amply sufficient in any case. I believe that oleum tiglii is the purgative par excellence to employ in this condition.

TARTAR EMETIC. — Twenty years ago, when the writer commenced the practice of medicine, tartar emetic was very much in fashion in the treatment of pneumonia and acute bronchial affections, and entered as a component part of nearly every cough mixture. Then the practice suggested by Watson in his "Practice of Physic," was the one generally followed—of a small commencing dose, subsequently and gradually augmented till point of tolerance was reached, or attack cut short. The first case of acute pneumonia to fall into my hands was that of a young man eighteen years of age. He received the tartar emetic treatment, one-third grain, with perhaps one-sixteenth grain morphine every three hours for the first twenty-four hours, and then successively two-third grain and three-quarter grain, and finally one grain or more, till termination of attack, convalescence beginning on seventh day. This treatment was popular until the sentiment of the profession changed, and the physician allowed himself to be persuaded that somehow intolerance had greatly increased, and consequently it was no longer well borne, and had therefore to be exchanged for a less dangerous one. For many years I was in the habit of prescribing for the so-called croup (?) of the country (laryngismus stridulus), something like the following:

℞. Antim. et potas. tart....gr. ½–j
Morph. sulph.....gr. ¼–½
Potas. chloratis.....gr. viij
Aquæ menth. pip..... ʒ viij

M. Sig.—One teaspoonful, repeated at short intervals till violence of the attack abated.

This was a very popular croup remedy in one family, and for several years was regularly called for.

For attacks of bronchial catarrh of children, where tubes are obstructed by accumulation of mucus, as indicated by coarse, audible rales and embarassed breathing, or not, one grain of the salt dissolved in a pint or half pint of water, and a teaspoonful given every half hour or hour, will be found to be a capital remedy. Combined with morphine in small doses, or with codeine in solution, syrup or elixir, it makes a satisfactory and efficient cough mixture, subduing irritation and promoting expectoration. Because of the resulting depression, it should not be given in emetic doses when a more suitable agent can be had. But because of its specific influence in catarrhal affections of the bronchial tree, it must ever be esteemed of certain value, and might be more frequently prescribed with advantage.

R. B. MCCALL, M. D.

Hamersville, Ohio.

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NOTES ON CHOLERA INFANTUM.

Our best directed efforts will avail naught unless the utmost prudence be exercised by the mother in diet and regimen. Nothing but the very blandest and simplest food, with beef tea, wine whey and, perhaps, well-burnt brandy is allowable. (See regimen at the close of this article.) The following formulæ are useful when selected with judgment by the practitioner:

℞. Aquæ calcis..... ℥ vj
Syr. rhei arom..... ℥ j
Tr. opii camph..... ℥ ss
Tr. cardam. comp..... ℥ ss
M. Sig.—Teaspoonful every two hours.

But if the tongue be coated, discharges very light in color, give one grain hyd. cum creta, triturated with sugar, night and morning, and the above during the day. This I conceive is one of the most generally suitable combinations:

℞. Hydrg. cum. creta.....gr. x
Pulv. sac. alb.....gr. xxx
M. Triturate thoroughly and divide into ten powders. Sig.—One every two, three or four hours, till the color and consistence of stools change for the better.

This "gray powder" used to be a great favorite with our old doctors who "have gone before," and it is a good remedy, often arresting a diarrhœa in infants and children when astringents many times fail. Astringents will generally fail when the tongue is coated, secretions arrested, and liver torpid, as indicated by light, whey-like discharges.

When there is no marked indication for either of the foregoing prescriptions, to nitrate of silver, in doses of from one-sixteenth to one-eighth of a grain, repeated twice or thrice a day, both infantile cholera and diarrhœa have frequently and speedily yielded.

Prof. Mitchell says: "The paramount value of minute doses of calomel in cholera infantum is already made out. I have been so long in the practice of treating the disease in children of twelve or fifteen months old with the twelfth of a grain, six or ten times a day, and with such constant success, that I cannot but commend to the profession what I regard as the best kind of practice in that very fatal disease of children. I have known high irritability of the stomach, as well as of the bowels, checked by two or three powders. When that is the result, longer intervals between the doses will be proper; and the stools being greatly reduced in quantity and altered in color, once or twice a day will suffice for a day or two, after which the powders may be discontinued." (Materia Medica and Therapeutics.)

Coffee has been very successfully employed in cholera infantum. For an infant at the breast, a scruple of roasted coffee was infused in two ounces of water, adding an ounce of syrup. A spoonful was given every hour, with the effect of arresting the vomiting and purging in a few days. Minute doses of calomel may be alternated with it.

Presuming all sources of irritation, such as indigestible substances are removed, the following combination is useful:

℞. Acid. tannici.....gr. ij
Quin. sulph.....gr. iv
Pulv. Doveri.....gr. j
Pulv. kino.....gr. ij
M. et div. in pulv. No. 16. Sig.—One every two or four hours to a babe twelve months of age.

One drop of wine of ipecac frequently repeated, has been much lauded. This acts homœopathically, and is deserving of trial.

One-half to one drop of tincture cinchona, given every two, three or four hours, is a favorite remedy with the rational homœopaths.

Neutralizing cordial (eclectic):

℞. Pulv. rhei..... 3 j
Menth. pip. fol..... 3 j
Potass. bicarb..... 3 j
M. Add half a pint of boiling water, cover and, when cool, strain, adding a little more boiling water to the refuse and strain again, so as to make full half pint. Then add half a pound of white sugar, and make a syrup. Lastly, add one ounce of best brandy. Dose, for infants and very young children, one teaspoonful, frequently repeated till there is a decided change in the evacuations. It is a good medicine also for adults in doses of a tablespoonful.

My favorite—No. 1:

℞. Hyd. chlor. mit.....gr. j
Pulv. acacia.....gr. v
Pulv. sac. alb.....gr. v
M. triturate well and divide into 10 pow-

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ders. Sig.—Give one every hour till four are taken and await the effect. Continue less frequently, if needed, or No. 2:

℞. Hyd. chlor. mit.....gr. j
Sodæ bicarb.....gr. x
Pulv. ipecac.....gr. j

M. et div. in pulv. No. x. Sig.—One as above.

One drop of creosote (beechwood) thoroughly diffused through one ounce of mucilage acaciæ, and given in teaspoon doses, will generally check vomiting.

One drop croton oil dissolved in nine drops of alcohol, and the whole triturated well in 90 grains sac. alb., and given in doses of two or three grains, has cured this disease promptly.

Tinct. verat. alb., in fractional drop doses, is often effectual in cholerine; but arsenite of copper now is the great remedy, and all the foregoing remedies are lost sight of. Probably they will be needed, however.

It is always important to examine the condition of the gums, and consider the probability of worms.

Foods: Reed & Carnrick's, Wagner's Mellin's, Lactopeptine, should not be overlooked.

Regimen, etc: Boiled milk with equal quantity of lime water; flour and arrowroot gruels, with boiled milk, beef essence or concentrated broths of beef, and mutton; mustard to spine and stomach alternately; tepid salt water bathing; pure fresh air, etc.

ABRAM LIVEZEY, M. D.

Yardley, Pa.

POINTS ON ELECTRICAL APPLIANCES.

I am in receipt of Dr. St. Clair's book on Electricity, and find it very good. It is just the book for beginners. While it is not so elaborate as the other works on the same subject, it gives the *little things* that are so valuable to the beginner which the other books do not give. I would like to ask the Doctor, or any other reader of the SUMMARY, if he has treated any cases of chronic chorea by electricity, and the results. On page 7 of Dr. St. Clair's book, he speaks of Apostoli's methods, and says he cannot see how he can employ so strong a current, and wonders what battery he can have to give it. My impression is that he uses the open circuit cells, or a current from an incandescent electric-light plant. One can get as strong a current as desired —500 or more milliamperes—if he has the pressure to overcome the resistance. Sixty Law cells will give a pressure of 90 volts, and from these one can get a very strong current. When one electrode is placed against a moist mucous surface, such as the womb, and the other electrode, very large and moist, is placed over the abdomen as a dispersing electrode, there is much less resistance than if both were on the skin of the body, and the high current is almost painless. For the heavy currents of electro-cauterization and electro-puncture, 75 Law cells connected in series are amply sufficient. I have 60 such cells in my back-room closet, from which two wires lead to a connection with a table plate in my operating-room. I have a Massey current controller and Flemming meter (upright). This apparatus is so simple and easily controlled that it seems to me it should supercede all others in the physician's office. One can take just as much or as little of the whole as he may desire, and the strength is measured off to him plainly, accurately, and distinctly, showing the exact number of milliamperes passing through the body.

On the same table-plate alluded to above, I have a Dubois-Reymond coil, operated by two dry cells. I can move the table without danger of splashing. I have binding posts in several places so that I can use either current at any place in the room.

My ideal of a battery for physicians' use is something after the style of a storage battery; small, compact and cheap, and from which the operator may measure out or draw off the quantity he may desire for galvanism, faradism, electro- and galvano-cauterization, thus supplying all his wants and uses in medicine and surgery, and from one battery. The same can also be used for electric lights or running a motor. I hope we may soon have such a battery.

W. N. SHERMAN, M. D.

Merced, Cal.

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TITANIUM IN THERAPY—AN ACTIVE EMENAGOGUE.

Though known to chemistry since 1791, when discovered by Gregor as a constituent of menaccanite, titanium is not as yet listed among our therapeutic agents. Still we see for it a place in the Materia Medica, and have already proved its utility by experience, and noted its peculiar action by careful observation. The element itself is properly classed among the rarer metals, as it is never found native in the uncombined state; but certain of its compounds are more easily obtainable from natural sources, and it is these compounds that are available as medicinal agents.

Chemically, titanium resembles tin, forming similar salts, both titanic and titanous; and similar hydroxides, titanic and metatitanic acids, and the physiological action of its compounds is somewhat similar to that of analogous compounds, though more marked and selective. The chief action of the titanates seems to be upon the circulatory system. They lessen arterial pressure by dilating the capillaries and increasing the peripheral blood-supply. Combined with iron, the titanates have a remarkable invigorating effect upon the physical economy in virtue of a special action on the blood and vasomotor system, causing the capillary circulation to be greatly augmented and apparently enriching the blood itself. After the exhibition of such a combination we have again and again seen the skin assume a wholesome tint, anæmic lips and cheeks become quite florid, languid digestion and faulty assimilation accelerated and improved, and muscular vigor imparted to weakened members. As general tone and invigoration follow the use of this combination when properly administered, so may weakening of the capillaries, peripheral congestion and a tendency to hemorrhage result from its abuse.

The most remarkable action of titanium and iron, however, is directed to the female genitalia. The action upon ovaries and uterus may be said to be specific. Physiologically, titanium causes the normal functions to continue with remarkable regularity regardless of cohabitation, and when applied to the treatment of amenorrhœa, both of retention and suppression, its action is prompt and certain except, of course, where suppression results from organic disease and retention depends upon malformation. Special combinations, of course, afford the best results. They possess the power of restoring the secretion when suppressed, and of promoting it when deficient. One possible combination is so certain in its action as to effect abortion previous to the third month of gestation. This property of titanium is not wholly unknown, for an analysis of the pills employed by French women to produce sterility shows titanium, and we might indeed believe this condition to follow the prolonged and excessive use of certain possible combinations. Again, certain practitioners in the iron regions have successfully employed a crude ferruginous preparation of titanium as an emenagogue and abortifacient.

Certain well-known mineral waters contain titanic acid, and without doubt this ingredient augments the value of these waters as medicinal agents. In proper combinations the salts of titanium afford valuable aphrodisiacs.

As already intimated, the indications for the exhibition of titanium are similar to those conditions in which iron is of service, and, indeed, it is usually advisable to administer these two minerals in combination, as the one greatly augments the effect of the other. Preparations of titanium and iron are tonic, antihectic, emenagogue and nervine, and are unprecedented in the treatment of constitutional anæmia, chlorosis, amenorrhœa, etc.

Both nature and art furnish preparations of titanium which are available in therapy. The dioxide, or titanic oxide, occurs native and is of value, while certain of the titanates, less well known to chemistry, have developed, in the hands of the writer, certain peculiar virtues of their own.

A very unique, useful and easily obtainable preparation of iron and titanium occurs as a by-product in the working of iron. The crude mass of fused mineral found under the grates in the iron-works, and known in certain localities as "carbonate of titanium," is both abundant and highly available. It contains carbonate of iron, sulphate of iron, and oxide of titanium in crude combination, and is purified

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and prepared for use by a process of pounding, sifting, etc. To the powder thus prepared the writer has given the name, "Pulvis Ferri et Titanii Compositus,"—carbonate of titanium being considered a chemical impossibility. This powder is, in fact, a grand preparation of titanium and iron, and gives excellent results in the treatment of anæmia, chlorosis, neurasthenia, etc. It tones the vasomotor system, and by direct action upon the corpuscles of the blood vitalizes this important "fluid tissue." It is best administered in the form of a pill, the mass being prepared with gum after the usual manner. The dose is from three to ten grains two or three times a day. Add pulverized aloes to this powder and you have an efficient emenagogue, female regulator and even abortifacient. Here is an eligible formula:

℞. Pulv. ferri et titanii comp.,
Pulv. aloes (Capen. vel Barbabaden.).....aa..... 3 j

M. ft. pillulæ No. xxx. Sig.—One to three pills three times a day.

These pills are administered in the usual way, being begun about one week before the expected menstrual epoch and continued a day or two after the flow is established. Although this crude preparation is useful and highly meritorious, still we are not restricted to its use, as other compounds afford good results.

The titanates have received but little attention from chemists, and almost none at all from therapeutists, but in view of their possibilities it is fitting that they be made the objects of careful investigation. The value of titanium, especially in combination with iron, has been demonstrated by hundreds of cases, hence the statements herein made are not the offspring of theory, but result from practical application and clinical observation.

J. Hobart Egbert, A. M., M. D., Ph.D.
St. Louis, Mo.

ECZEMA SUCCESSFULLY TREATED.

Infantile eczema is one of the most troublesome and difficult maladies to cure. When a student, or shortly after graduating, I remember a case of infantile eczema (not syphilitic) was brought before the class by the late Dr. Maury, and treated by Dr. Ingraham under Dr. Maury's direction. It was treated for many months without any improvement. I have since seen many cases treated by various physicians with indifferent results. I have lately come across a treatment that cures in two or three weeks, needs no external application, is tasteless, and therefore children experience no difficulty in taking it. It is a so-called "tissue remedy,"—kali phos., six dilution powder. It cures so expeditiously and satisfactorily that if the reader is seeking light he will, like me, learn a valuable lesson. The dose is about a thimbleful in a tumbler of water, a teaspoonful of this to be given four times a day.

I would be glad to hear from any of the physicians who have used the fluid extract of eucalyptus glob. for fevers, as recommended by me in one of the earlier numbers of the Summary. It is so superior to any of the remedies usually employed for fevers that satisfaction can only result by giving it a trial.

J. H. DeWolf, M. D.
Baltimore, Md.

[We have no reason to doubt the veracity of the author's statements in the above communication, yet the amount of kali phos. in a dose—"about a thimbleful of the sixth dilution powder,"—is so infinitesimal that it will undoubtedly appear to the minds of many of our readers as too small a quantity of the drug to produce any effect whatever; but, as a small dose, if it does no good, it has also the advantage of doing no harm. We print the article and leave it to our readers for further consideration.—Ed.

Can't Do Without It.

I am very much pleased with the Summary; cannot get along without it. Enclosed find one dollar for 1892. Keep it up to the present standard, and it will always be a welcome visitor to my office.

Respectfully,
C. W. Robb, M. D.
Goodlettsville, Tenn.

Subscriptions may commence any time.

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Medical Progress.

Class-Room Notes.

Prof. Hare said sulphide of calcium is one of the best remedies for the treatment of acne.

Prof. Hare said that nitrite of amyl is the best drug to stop persistent spasmodic hiccoughing.

Prof. Hare said that sulphur is a very efficient remedy in the treatment of chronic bronchial affections.

For a case of pyelitis, Prof. Da Costa prescribed five minims of oleum santali in capsules three times a day, with mild diuretics and mild diet. Quinine should also be given.

Prof. Wilson does not consider capillary bronchitis a separate disease. He said that it does not occur unaccompanied by broncho-pneumonia.

For a case of emphysema of the lungs with bronchial catarrh, Prof. Da Costa prescribed:

℞. Ammonii iodidi.....gr. v
Ammonii chloridi.....gr. x
Mist. glycerrhizæ comp.....℥ j
M. Sig.—To be taken in water, four times a day.

For eczema of the genital organs, Prof. Parvin recommended the following ointment, which he said was efficient in many cases:

℞. Iodoform..... gr. xxx
Zinci oxidi..... ℥ j
Lanolin..... ℥ j
M.

For a case of fetid chronic bronchitis in a young child, Dr. Edwin E. Graham prescribed the following treatment: Give inhalations of solutions of carbolic acid, and internally give small doses of arsenic; also cod-liver oil and malt.

When Sulfonal is prescribed as a hypnotic, Prof. Hare said that it should be given at least five hours before the time the sleep is desired, and in hot water as a tea. It is very insoluble, and consequently it takes a long time before the drug has any effect. It is not equal to chloral.

For a case of tuberculous sore throat, Prof. J. Solis Cohen prescribed the local application of the following several times a day:

℞. Creasoti (beechwood).....♏ v
Tinct. iodinii.....♏ v
Potassii iodidi.....gr. xx
Glycerini..... ℥ j
M.

In the first stage of pneumonia, Prof. Hare recommended the administration of large doses of veratrum veride, guarded by opium to prevent nausea. This may abort the disease by bleeding the patient into his own blood vessels by dilating the capillaries of the body, and thus relie e the congestion of the lungs.

Prof. Hare said that obstinate cases of lumbago may sometimes be cured by applications of either moist or dry heat. The dry heat may be applied by placing a few layers of paper or cloth on the patient's back and applying a hot iron. Moist heat may be applied by means of hot fomentations.

For a case of amyloid degeneration of the liver in a boy twelve years of age, Prof. Da Costa prescribed the following: Ten grains of ammonium chloride, in capsules or powders, three times a day, between meals; also ten to fifteen drops of tinctura ferri chloridi three times a day after meals.

For a case of anæmia with amenorrhœa in a young girl, Prof. Hare prescribed:

℞. Ferri redact.,.....gr. 1-12
In pill three times a day.
For the constipation the following mild laxative:

℞. Ext. cascara sagrada fld., gtt. xx
Three times a day.

For a case of acute Bright's disease, due to exposure, in a man forty-three years of age, Prof. Da Costa gave the following treatment: Milk diet and rest in bed; drink large amounts of pure water or of mildly diuretic waters, and take Rochelle salts, 3 j to ij daily, and infusion of digitalis, ℥ ss three times a day. He may also use vapor baths, and may be given a hypodermic injection of pilocarpine, gr. 1-6 every day or every other day; and later to control the waste of albumen, give nitro-

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glycerine, gtt. j, of a one per cent. solution three times a day, slowly increasing the dose.

Prof. Wilson does not believe in the use of poultices in the treatment of pneumonia as a routine practice. He considers that in most cases the benefits are outweighed by the danger. A jacket of cotton or carded wool is much preferable and much safer. When convalescence occurs the jacket should not be removed all at once, but should be cut and removed, part at a time, to prevent the sudden exposure and risk of taking cold.

For a case of pernicious anæmia in a man thirty-six years of age, Prof. Wilson prescribed the following treatment: Give Fowler's solution of arsenic, gtt. iij, three times a day, and increase the dose. Also give inhalations of oxygen. His diet should consist of food containing the largest amount of easily-digested, blood-making material; also wine in small amounts. He should live as much as possible in the open air.

Prof. Parvin said that in his opinion the three most frequent causes of repeated abortions are syphilis, displacements of the uterus, and excessive sexual intercourse. Even where there was no other symptom of syphilis, and if no evidence of any other cause of repeated abortions could be found, it was perfectly justifiable to place the patient on a course of mercury, and very frequently the specific treatment would effect a cure.

For a child aged five years, with subacute gastric catarrh, Dr. Edwin E. Graham prescribed the following:

℞. Tinct. nucis vomicæ.....gtt. j
Acid. hydrochlor. dilut...gtt. iij
Ext. cascaræ fluid.....gtt. ij
Aquæ menth. pip., q. s., ad..3 j
M. Three times a day.

Also give mild doses of saline laxatives. It is most important that the diet should be rigidly restricted.

Prof. Brinton gave the class the following prescriptions that have been used by him in the treatment of chilblain, in which he has found them to answer very well:

℞. Acidi carbolici.....gtt. xx
Olei terebinthinæ,
Lanolin.....aa..... ℥ j
M. Sig.—Apply locally.

Another that is useful in many cases is the following:

℞. Ichthyol,
Spt. terebinthinæ....aa..... ℥ j
M. Sig.—Apply locally.

Where there is any tendency to the formation of ulcers, the following will serve as an excellent protective:

℞. Iodoformi,.....gr. xx
Collodii flexilis. .....3 ij
M.

For a case of acute eczema of a seborrhœic form in a man fifty-five years of age, the abdomen, thighs and gentilia being the parts affected, Dr. Henry W. Stelwagon prescribed the following lotion to be applied to the parts:

℞. Calamine,
Zinci oxid.,
Acid. boric.....aa..... 3 ij
Glycerini,
Alcoholis.....aa..... 3 j
Aquæ, q. s..... ad ℥ viij
M.; and internally the administration of tonics and a nutritious diet.

In the clinic, for a case of acne vulgaris in a young woman aged nineteen years, Dr. Henry W. Stelwagon gave the following treatment: At night wash the face with soap and water, and then steam the face or wash with as hot water as can be borne. After doing this, make a thorough application of the following lotion, so that the sediment will be spread over the face:

℞. Zinci sulphat.....3 j
Potassii sulphurat.....3 j
Aquæ..... ℥ ij
Alcoholis, q. s..... ℥ iv
M. Dissolve the salts separately, each in 3 j of the water, and then mix with the alcohol. The bottle should be well shaken before the lotion is applied, as the sediment is the part that does the most good.

The patient's bowels should be kept freely open and all secretions active. Also give internally sulphide of calcium in doses of one-tenth of a grain in gelatine-coated pills three times a day.

—*College and Clinical Record.*

We want short, practical articles, therapeutic notes, favorite prescriptions, or notes and queries for publication in the SUMMARY.

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Puerperal Eclampsia.

1. The exclusive use of the term puerperal eclampsia to mean convulsions during pregnancy, and due to uræmic poisoning, is not warranted.

2. Puerperal eclampsia is generally due to uræmic poisoning, but it may be due to irritants in the alimentary canal; it may be hysterical or epileptic.

3. The intelligent management of this disease implies a recognition of these causes.

4. When due to uræmia, the results of the acute parenchymatous nephritis, there are two great indications for treatment; combat the eclampsia and hasten elimination.

5. To control the convulsions in plethoric subjects, phlebotomy should be practiced, but not in other types of cases. The hypodermic injections of morphine in one-third or one-half grain doses is decidedly proper. Chloral hydrate per orem, or per rectum, is commendable in the early stages. Chloroform is of doubtful utility.

6. To hasten elimination, diaphoresis should be maintained until the coma yields, or death claims the case. This can best be accomplished by the hypodermic use of pilocarpine and moist heat.

7. To secure the vicarious action of the alimentary canal, elaterium, croton oil, or calomel, should be given early and repeated if necessary. The agents may be passed into the stomach through a stomach tube.

8. A poultice of Squibb's powdered digitalis applied to the region of the kidney is worth trying as a diuretic. In cases that can swallow, infusion of juniper berries and digitalis should be given per orem.

9. Evidence, both clinical and autopsic, has now accumulated until we are forced to acknowledge the gravid uterus holds a causative relation to acute parenchymatous nephritis, and is, therefore, a potential factor in the production of the cyclonic disease called puerperal eclampsia.

10. No attempt should be made to deliver a fœtus during a paroxysm.

11. As soon as the os is dilated, or is easily dilatable, the efforts of nature to expel the contents of the uterus should be aided, and that, too, in all cases, not excepting those in which the convulsions have ceased.

12. Premature labor takes place or is produced in all cases that recover.

13. Efforts at elimination should be made paramount to everything else in the treatment of this disease.—*Pacific Medical Journal.*

Headache in Childhood.

The *Archives of Gynæcology* quotes a foreign authority as saying that seven groups of headache may be classified:

1. Headache from rapid growth. It is usually frontal, is increased by exercise, and co-exists with pain in the joints, periostoses, and hypertrophy of the heart. Treatment.—Muscular repose, tonics, liberal diet, phosphate of lime.

2. Headache from intellectual activity. It occurs in intelligent and excitable children, who study too much, or in backward children who acquire their lessons with difficulty. Treatment.—For the first class of cases, cessation of intellectual work, physical exercise, but not so severe as to produce fatigue; lukewarm baths. In the second class of cases the work may be continued in moderation, plenty of exercise being enjoined.

3. Headache from digestive troubles. It occurs in children who eat too much or too fast, and occurs in one to three hours after eating. Treatment.—Properly regulated hygiene and diet; by bitter tonics before eating; warm drinks after eating. Constipation should be overcome.

4. Headache of nervous origin. It occurs in children who are excited by their manner of living. It is premonitory of future neuropathies, epilepsy and hysteria. Treatment.—Bath, walking, massage, valerian, aconite, belladonna, and bromides for the epileptics. They should avoid taking cold.

5. Headache in children of gouty or rheumatic diathesis. It is sometimes accompanied by intense congestive phenomena, which stimulate meningitis. There are manifestations of hereditary antecedents; there are neuralgias, arthralgias, myalgias; the urine contains phosphates, oxalates and urates. Treatment.—Moderate diet, exercise in the open air, vapor

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baths with friction, laxatives, alkalines, salicylate of soda in doses of from four to five grains, and tincture of colchicum in ten to fifteen-drop doses daily.

6. Headache from anæmia and poisoning. In the first case it is due to bad air and hygiene, in the second to malaria, carbonic oxide, to excessive medication, to uræmia. Treatment should vary with the cause.

7. Headache from injury to the sensory organs. There may be chronic conjunctivitis, or keratitis, or iritis, which should be treated locally, and also by the internal use of sulphate of quinine in large doses. Troubles of refraction, hypermetropia and astigmatism must be treated with suitable glasses. There may be mucous polypi in the nose, or hypertrophies, which call for local treatment. There may be adenoid vegetations in the ears, otitis, or foreign bodies in the auditory canal, which call for suitable treatment.

Some Uses of Chloroform Internally.

The *Therapeutic Gazette* quotes from the *L'Union Medicale* the fact that chloroform-water is a very valuable remedy in cases of gastralgia, with dilatation of the stomach, in the dose of a small teaspoonful every half hour or hour. Attention is also called to its value in the treatment of nervous vomiting, and of the vomiting of pregnancy. Dujuardin-Beaumetz has also found that in cases of lithiasis, suffering from gastric pain, chloroform in the following formula is very serviceable:

℞. Sat. chloroform-water..... ℥ iij
Syrup of orange..... ℥ j
Simple syrup..... ℥ j

Sig.—A desertspoonful every fifteen minutes until the pain is relieved.

It has also been found that chloroform is equally efficacious with ether for the removal of gall-stones occurring in gouty persons.

Ulbrecht recommends that chloroform, in the proportion of one to ten, shall be used for the purpose of stopping hemorrhage after extraction of teeth. The drug is also useful in cases of parasitic painful growths of the mouth, such as the various forms of stomatitis. Employed in false croup, chloroform, in the proportion of one to ten drops in an ounce of water, to which is added a little glycerin, is very useful when given internally, in the dose of a teaspoonful every half hour. If there is dyspnœa through the day, a teaspoonful may be given every two hours and at night every hour. A very useful employment of chloroform is in cholera infantum in the following prescription:

℞. Syrup of ginger..... ℥ j
Chloroform.....gtt. iij–iv
Tincture of opium.....gtt. x–xv

M. Sig.—A teaspoonful every hour.

In ulcer of the stomach, small doses of chloroform given internally will often remove the pain and stop vomiting, and chloroform-water has also been found useful as a gargle in septic sore throat.

Roger has used three to six drops of chloroform, in syrup or mucilage, in the treatment of whooping-cough, with very good results, and in some instances the nervous excitability of delirium tremens can be much quieted by its internal administration. The following prescription is said to have been authorized by Da Costa:

℞. Chloroform..... 3 j
Comp. tinct. cardamom..... ℥ j
Syrup acacia..... 3 j
Simple elixir..... ℥ ij

M. Sig.—A teaspoonful every half hour until relief is obtained.

Miller and Griggs are said to have reached very good results in the albuminuria and anasarca of pregnancy by giving chloroform, in twelve to twenty-drop doses in sweetened water, causing thereby a diminution in the albuminuria and the disappearance of the anasarca. This treatment is also said to have prevented the development of eclampsia. In the treatment of tapeworm Kaiser has used the following mixture:

℞. Croton oil..... ♏ j
Chloroform..... ♏ ij
Castor oil..... ℥ j

Potter states that in true cholera chloroform has been found more efficacious than any other single remedy. In sciatica, ticdouloureux and other neuralgiæ of important nerves, the deep injection of ♏ v–xv of pure chloroform in the vicinity of the nerve is highly recommended, though it may cause dangerous local disturbance.

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Dyspepsia.

Dr. Louis Lewis, in the *Times and Register*, says that imperfect digestion is usually due to one of two causes, impaired movements of the stomach, and faulty secretion. When muscular contraction is impeded, food lodges here and there, and occasions flatulence and gaseous distension; the gas being evolved from the food, and not from the stomach itself. Here we have oppression after eating, perhaps palpitation and embarassed breathing, and always constipation. When secretion is altered in quality, there is local irritation; food is imperfectly dissolved, and its chymification delayed; and there is always pain, and often diarrhœa. And when secretion is scanty, the salivary glands participate; a dry tongue means a dry stomach, hence constant want of appetite. Small and early dinners are advisable, before the system has been taxed by business anxities, "politics," or physical strain. Most persons eat too much at a time, anyhow. Foods abounding in starch and sugar should be given a wide berth. Tea is both a cause and an aggravator of dyspepsia. Coffee and beer are not much better. Weak cocoa and milk with lime-water are excellent, and, if a stimulant be needed, Mariana's cocoa-wine, which certainly helps a jaded nervous system. Nux vomica (or its alkaloid) is invaluable, taken before meals. For a tonic, digestion calls for a tonic treatment. Nux vomica not only improves the contractility of the stomach, but it also increases its secretions. If there is "heart-burn," bi-carbonate of soda will generally check it. Distension is relieved by sulpho-carbolate of soda, a scruple in a wineglassful of hot water. Charcoal, a so-called remedy, is useless, for as soon as swallowed, it becomes wet, and cannot absorb. Often a drop of creosote mitigates pain. As a rule, animal foods are better than vegetable, and lemon-juice is the best sauce. A little hydrochloric acid may be good when deficient in the gastric juices. In dyspepsia due to malignant disease it is said to be absent altogether. In many cases the following is a capital prescription:

℞. Acid. hydrochloric. dil..... ♏ x
Acid. lactic..... ♏ x
Glycerini..... ♏ xv
Inf. chiratæ..... ℥ j

But of formulæ for dyspepsia there is no end. Make the work easy for the digestive apparatus; give it a "day off." See to the condition of the teeth; they are often more guilty than the stomach. Preparations of pepsin are undoubted aids to digestion; but it is better to get your pepsin from where it belongs, by correcting the secretions of the glands that supply it.

Diphtheria.

Dr. Culver, in the *Med. Free Press*, says that the patient should be completely isolated, the room maintained at a temperature of 70 degrees, and kept moist with steam; bowels kept open and chlorate of potash water given as a drink. Internally:

℞. Hydrarg. bichlor..... gr. j
Ess. pepsin..... ℥ ss
Elix. simpl., q. s..... ad. ℥ iv
M. Sig.—Teaspoonful every two hours.

Locally:

℞. Papoid..... 3 j
Sal. lister..... 3 ij
M. Sig.—Blow x grains in throat every two hours.

Out of a record of forty cases treated as above, thirty-five recovered. In two cases the larynx was so seriously involved that intubation was done. Of these cases, one recovered and the other died of heart failure.

Sulphide of Calcium in Tonsilitis.

Frank P. Norbury, M. D., of Jacksonville, Ill., in the *Therapeutic Gazette* says that acute parenchymatous inflammation of the tonsils, in strumous patients, has a tendency towards rapid suppuration. The febrile symptoms are seemingly aggravated, while the enlarged tonsils cause difficult and painful deglutition from the onset of the disease. Such cases suffer intensely, and become greatly depressed by an attack of even a few days' duration. A neurasthenic condition often follows in the wake of such attacks. Especially is this noticeable among the insane, where the nervous phenomena are, no doubt, greater than in the sane. Observation of a number of such cases, where suppuration was marked, led me to use sulphurate of cal-

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cium, with the hope that Ringer's ardent advocacy of its use, in boils and other suppurative processes, would, in a measure, relieve the suppurative condition present in these cases of tonsilitis. The results were most gratifying, and in three cases this winter I have aborted the attack. In one case admitted to the Illinois Central Hospital for the Insane, with tonsilar abscess, which broke on the day of admission, spontaneously, the prolonged convalescence usual in strumous cases was cut short, and an increase of bodily weight noticed within a few days. In acute cases I have been pleased with its results, suppuration being prevented, and the febrile symptoms, pain, etc., being greatly modified.

Small doses (one-eighth to one-half gr.), frequently repeated, best subserve the therapeutic action of the drug. Antiseptic local treatment is indicated, and where suppuration has taken place immediate evacuation of the pus should be made and the cavity thoroughly cleansed. I prefer the method of Dr. G. V. Black, of this city, in the treatment of abscesses of the mouth and throat, which is briefly this: Peroxide of hydrogen, to which has been added a little oil of cassia. The oil of cassia—a thorough and efficient antiseptic—is, by the aid of the peroxide of hydrogen, thoroughly disseminated, even to the remote pockets of the abscess.

Precautions in the Use of the Nasal Douche.

The following rules should be observed in the use of all nasal douches:

1. The handkerchief should not be used for at least ten minutes after douching, inasmuch as in blowing the nose any fluid remaining in the nasal passages may by a Valsalva action be forced into the Eustachian tube.

2. After douching it is advisable for the patient to remain indoors, so as to avoid exposure to the cold air.

3. During the proceeding the patient should not be disturbed or excited, as this may give rise to an involuntary attack of sneezing, coughing or swallowing, and thus render it possible for fluids to enter the middle ear.

4. Before beginning the douching a careful examination should be made to see whether both nostrils are free. If one of them is found to be obstructed the douche should be used on the affected side.

5. Plain water should never be employed for douching, as it loosens the nasal epithelium. The addition of a small amount of sodium chloride prevents this action.

6. Concentrated solutions should never be used as a douche.

7. It is not advisable to douche the nose more than three times daily. As a rule, its application morning and evening is sufficient.

8. The quantity of fluid introduced should not exceed ten ounces, the average amount varying from five to ten ounces—i. e., from one to two douche cupfuls for each nostril.

9. The fluid should always be lukewarm. —*Dr. L. A. Dessar in Inter. Jour. Sur.*

Mouth Breathing.

It is very seldom that the respiratory passages are in such bad condition that it is absolutely necessary for a person to have recourse to mouth breathing, yet in treating many throat diseases we find that the patient breathes through his mouth, and the nasal passages are forgotten.

We often find mouth breathing in cases of hypertrophic rhinitis, even when the case is not far advanced, and the stenosis is not great. The patient breathes through the nostrils all day, but when he lies down at night there comes on a swelling or congestion of the nasal mucous membrane, and the breathing space becoming somewhat lessened, for convenience sake he breathes through the mouth, and the habit of mouth breathing is soon acquired.

In a second class of cases, particularly children, we find them sleeping all night long with their mouths wide open. In this class of cases there is no reason at all for the mouth breathing—merely habit.

In treating any throat disease, especially the granular pharynx or enlarged tonsils, the mouth breathing must be stopped before a cure can be effected, as it is a constant source of dryness and irritation.

In cases of mouth breathers who com-

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plain that the nose closes when they lie down, I usually prescribe the use of camphor-menthol; and I may here say that camphor-menthol is one of the "good things," and if you have not used it give it a trial. Take of gum camphor and menthol crystals equal parts by weight, and rub together until a liquid results; this is camphor-menthol. To one part of camphor-menthol add ten or twelve parts of albolene. This dilution should be sprayed into the nose twice a day, and especially before retiring. It will relieve the stenosis, "open the head," and the patient will soon find that he has plenty of room to breathe through the nose, and he will no longer be a mouth breather.

For mouth breathing in children, or where it is merely from habit, I prescribe a dentist's rubber-dam to be tied over the mouth on going to bed, which renders breathing by the month impossible. This is not at all objectionable, and the children will soon acquire the habit of breathing normally through the nose as easily as they have acquired the vicious habit of mouth breathing.—*Eclectic Med. Journal.*

Successful Treatment of Membranous Croup.

In a paper read before the Philadelphia County Medical Society in February last, the author, Dr. J. B. Turner, says that he has, for over a year, been treating membranous croup with full doses of ammonium chloride by the mouth, and assafœtida by suppository, as follows, for a year old child: ℞.—Ammon. chlorid, 3; syrup tolutan, ℥ij; M. Sig.—Half teaspoonful every two hours. Given in syrup, a larger dose of the ammonium chloride can be given, as it is more palatable in syrup than in aqueous solution. To allay spasm and give needed intervals of quiet, restful sleep, he prescribes: ℞.—Assafœt. pulv., gr. xvj; quin. sulph., gr. iv; codeinæ, gr. ss; ol. theobromæ, q. s.; M. fiat suppos. No. viij. Sig.—One every four hours. He cites cases where tracheotomy was urgently recommended, but was declined by the patient's friends, that have recovered under this treatment.

Show the SUMMARY to your friends.

Lysol as an Antiseptic.

Lysol is the latest candidate for honors as an antiseptic. It is, according to Gerlach, more effective than carbolic acid and creolin. For disinfection of the hands a one per cent. watery solution may be used without soap. The walls of the operating-room may be made non-infecting by spraying with a three per cent. solution of lysol. It is not nearly so poisonous as sublimate, carbolic acid, or even creolin. For disinfection of the stools and of the sputa of tuberculous patients it is more efficacious than any other agent. Its cost is quite low.—*Amer. Jour. Sur. and Gynæcol.*

Europhen—A New Surgical Dressing.

Although but a short time since Europhen was first brought to the notice of the profession, a number of monographs upon the subject have already made their appearance, and from a report by Dr. C. W. Petersen we glean the following points in relation to this new product, with strong claims as a substitute for iodoform, with the hope they may prove of interest to many of our readers:

The first reports concerning Europhen as a substitute for iodoform were made by Dr. Siebel, and according to his investigations it has no injurious effects upon the system, arrests the growth of various micro-organisms, and can be administered internally in doses of one-half gramme without disagreeable effects. After the administration of one gramme a slight, transient sensation of pressure is experienced in the stomach. It is a very light yellow powder, insoluble in water, but readily soluble in ether, alcohol, chloloroform and oil. Siebal does not mention its odor. Nolda says it has no disagreeable odor, while according to Eichhoff it has an aromatic, saffron-like odor. In my opinion Europhen has quite a faint odor, reminding one of cedar wood. On the other hand my colleagues say that it smells like thymol, iodine, etc. In a word, it is devoid of the peculiar objectionable smell of iodoform, which is really the point of importance.

The color of this remedy is not as yellow as that of iodoform or dermatol. It is rather of a brick-yellow hue, by which it

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is readily distinguished from dermatol, but resembles aristol. Eichhoff further remarks that the drug is readily soluble in collodium and traumaticin, and that it should be exposed as little as possible to the light and moisture in order to prevent its decomposition. I have preserved the remedy for two months in dark bottles without observing any change.

From observations by Eichhoff it appears that the remedy is especially indicated as a disinfectant, and he also states that it is very serviceable in venereal diseases, and occupies an important place among antiseptics. Europhen only acts in the presence of moisture (that is, upon a moist surface), and for this reason it has no effect in eczema madidans and favus.

Dr. Lowenstein, who experimented with this preparation in twenty-five cases of diseases of the nose and ear, obtained very good results in atrophic rhinitis, hemorrhages produced by erosions of the septum, and in operative procedures upon the nose. In ozæna he prefers aristol; in laryngeal tuberculosis the remedy proved useless. According to his investigations Europhen may be regarded as exerting a favorable effect in certain cases. Petersen also speaks favorable of Europhen.

An article on this subject has also been written by Nolda, who employed Europhen chiefly in soft chancre (seven cases), dusting on the powder twice daily. His results were very good, for cicatrization was established from seven to fourteen days after beginning its use. Nolda also obtained good results in ulcus cruris (two cases), in hard chancre, but especially in otitis suppurative media.

Upon the ground of cases reported, the author maintains that Europhen is an excellent substitute for iodoform in minor surgery and in chancroid, and he regards further investigation as desirable. Those who are familiar with the dread of private patients of the horrible odor of iodoform will understand how important it is to possess a remedy which cures soft sores, and does not prevent the patient from following his occupation. Curetting of chancroid is a rational procedure, because it is the only means by which pathological tissues can be removed.

Infantile Diarrhœa.

It is more than probable—and this theory is finding favor among the best thinkers in the profession—that the fermentive changes following general enfeeblement produced by excessive heat engenders tyrotoxican. Frequently after emesis and diarrhœa are under perfect control, patients succumb to peculiar brain lesions which appear to be toxemic. It is certainly rational treatment to arrest abnormal fermentive changes, and render innocuous the toxic product of these changes. Various means of retarding or stopping degenerative change have been proposed and practiced, many of which have some merit; yet it is not sufficient, in many cases, to prevent further fermentation, but it is also very requisite to render inert or insoluble toxic elements forming or already formed. We have used cupri arsenitis 1-100 gr. in four ounces of water giving teaspoonful doses every ten or fifteen minutes for the first hour, and hourly afterward, till vomiting and diarrhœa were under complete control—*Ind. Med. Jour.*

Early Expulsion of the Placenta.

Dr. F. C. Ferguson, in *Ind. Med. Journal*, says: If there be any danger to the child in forcing an early expulsion of the placenta, the danger to the mother is equally as great and probabiy greater. The practice is almost certain to cause a retention of portions of the secundines, which worry and fret the uterus, causing prolonged post-partum pains, frequently post-partum hemorrhage, and various other dangerous puerperal accidents, such as metritis, peritonitis, septicæmia, etc. The conclusion of the whole matter is, that unless there be some positive indications for interference, such as post-partum hemorrhage, the physician should wait until spontaneous retraction of the uterus has expelled the placenta into the vagina before making attempts to deliver it. It may then be extracted without fear of injurious consequences. When physicians generally learn this valuable lesson, post-partum complications, tardy puerperal convalescence, and cases of chronic invalidism, resulting from

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mismanagement of the third stage of labor, will be much rarer than at the present time.

Headache.

Headache commencing in the morning and continuing until evening, regularly every day, is usually malarial in character. Such a state of affairs is sometimes called "sun pain," in the belief that it is due in some way to the sun, the reason for this belief being that the pain commences with the rising of the sun and ceases with the setting thereof. But, however, the periodicity of the neuralgia, although bearing some relation perhaps to the diurnal movement of the god of day, does not always commence at sunrise, nor cease at sunset. It may come on at various hours in the early part of the day, and continue into the night; or, in some cases, the pain may commence in the evening and continue until morning. Following the sun-pain idea, we might suppose this to be a moon pain. Be that as it may, the fact remains that there is a form of neuralgia marked by periodicity, and generally confined to the frontal region, but which may affect any part of the body. This morbid state is cured by the administration of quinine in fifteen-grain doses once daily. The medicine may be given in capsules, three in number, each containing five grains. They should be taken at intervals of one hour, the last one an hour before the usual time for the appearance of the headache. In three or four days the neuralgia will have disappeared.—*Eclectic Med. Jour.*

Strophanthus in Goitre.

Dr. F. A. McNeill (*Medical Brief*) reports a case of goitre treated for six months with potass. iodid. internally, and oxide of mercury ointment externally, injections of tincture of iodine, of glycerine and carbolic acid, of equal parts of carbolic acid and tincture of iodine, and finally of pure carbolic acid, but without results. He gave tincture of strophanthus, ten drops twice a day. In two weeks the tumor diminished in size noticeably, and at the end of two months it had disappeared. No return of the tumor occurred.

Practical Points. — Gonorrhœa, Gleet, Chordee.

Dr. M. O. Terry, of Utica, N. Y., in the *N. Y. Med. Times*, says:

A few years ago I had a patient who suffered greatly from chordee. Internal medication and cold water failed to give any permanent relief. An injection of cosmoline oil, to which was added a two per cent. solution of cocaine, gave immediate relief.

A case of gonorrhœa, two days old, came to me a few days since. The discharge was just noticeable, and its character shown under the microscope to contain gonoecocci or gonorrhœal threads. The bladder irritation was marked and the titillation disagreeable. After urination, the following injection arrested the discharge, and no specific matter could be found under the microscope after twenty-four hours: Cosmoline oil, ʒj; iodoform, gr. x; cocaine, gr. 4. Dissolve the latter first in the smallest quantity of water. As this is an emulsion it is necessary to shake each time of using, which should be every three or six hours, depending on condition.

For simple gleet uncomplicated by stricture, I use the following, having found it to work better than any combination I ever used:

℞. Plumbi acetat.....gr. 128
Tinct. catechu.....ɱ 256
Opii acet.....ɱ 256
Zinc. sulph.....gr. 64
Aquæ destillat.....qt. 1

M. Sig. — Inject three or four times a day. This prescription is one used under a copyright name.

Internally for gonorrhœa I have invariably given five-grain doses of bicarbonate of potash every three hours, diluted well in water, and when better at longer intervals, half an hour before meals. Also sandalwood capsules, using two after meals, discontinuing when discharge ceased, or using one for five days after each meal.

A Few Points on Skin Disease.

The New York correspondent of the *South. Med. Record* says that Dr. Gottheil, lecturer on dermatology at the Polyclinic, uses in all acute inflammatory skin diseases the following mixture with marked

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success, where pain, burning and intense itching are very prominent symptoms:

℞. Ti. opii..... 3 ss–3 ½
Oil of cade..... 3 ss
Carbolic acid.....gtt. xx
Simple syrup..... ℥ ss

M. et S.

In chronic noninfections, inflammations, such as parenchymatous dermatitis with ulcer, he has found europhen to give very good results as a stimulant to granulating tissue, used in the strength of from one-half a drachm to a drachm of the powder to an ounce of ointment. In epithelioma as a routine treatment he uses Marsden's paste, which is composed of equal parts of arsenious acid and powdered gum-acacia, with just enough water to make a stiff paste. A thorough application of this will, he states, cure every case of epithelioma.

Rhus Poisoning.

Dr. Thomas J. Exton, M. D., of Armstrong, Ill., in the *Chicago Med. Times*, says: During the summer, and in certain localities, cases of poisoning from rhus toxicodendron, or poison vine, are quite frequent, and prove not only annoying to the patient but to the doctor as well. The subject is very lightly touched upon, both in our literature and in the lecture-room, and in the hope of aiding some fellow practitioner I have written these few lines.

The diagnosis is usually easily made from the history, and by the heat, itching pain, swelling and inflammation of the affected skin, and by excluding other ordinary skin eruptions. The following prescriptions have proven of value after opening the bowels freely with salines:

℞. Am. muriatis..... 3 ij
Aquæ, q. s..... ℥ iv

M. Sig.—Apply freely several times a day.

℞. Ol. sassafras.
Boro. glyceride, aa, q. s.

M. Sig.—Paint the affected region freely three or four times a day.

Sassafras in infusion may be drank, and applied externally.

℞. Plumbi acetatis..... . .... 3 ij
Tr. opii..... .... ℥ j
Aquæ, q. s..... ℥ viij

M. Sig.—Apply freely three or more times a day.

℞. Fld. ext. grindelia rob.... 3 ss–j
Aquæ, q. s..... ℥ iv

M. Sig.—Apply on cloths.

Earache in Children.

There is no better remedy in the earache of infancy and childhood than atropine in solution. For an infant under a year drop in one drop of a solution, four grains to the ounce; we prefer mixing it with warm sweet oil. For older children the dose of course is proportionately larger. We have used this treatment for more than a quarter of a century without ever having any untoward effects from it. In adults the remedy is equally efficient in sufficient doses. Repeat in one hour in all cases if needed.—*Ex.*

For Chronic Pulmonary Disease.

This formula has been very frequently prescribed by me during the last year and a half with good effects in asthma, chronic bronchitis, chronic pneumonia and pulmonary consumption:

℞. Strychniæ sulphat.....gr. j
Syr. acidi hydriodici,
Syr. hypophosphii....aa... ℥ ij

M. Sig.—One teaspoonful four times a day.

The hypophosphites and hydriodic acid are among the most useful tonics of the materia medica, and it is also a well-known fact that strychnine possesses a special, stimulating influence on the pulmonary nerve supply. I had long been in the habit of using the alkaloid in respiratory diseases, but I found that its combination with the other two ingredients resulted in a mutual enhancement of action. The good effects of strychnine can, however, only be obtained when it is given in large doses. Hence, I begin with one-thirty-secondth of a grain, and gradually increase it to one-twentieth or to one-fifteenth, or until it shows a tendency to manifest its physiological action.—*Dr. Thomas J. Mays in Polyclinic.*

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[Original Communication.]

ARRESTING CONSUMPTION.

In a few remarks in the June SUMMARY, relative to resisting the increasing spread of consumption by the Philadelphia Health Department, I premised that the limp and shuffling doctrines of *Contagion* and *Heredity*, as the essential causes of this hitherto invincible scourge of human life, must in themselves naturally discount and nullify each other in fact and demonstration.

Nevertheless, as a "reform" measure for rectifying heedless match-making, and to effectually root out transmitted or inherited constitutional tendencies to tuberculous disease, I advocated that marriage between persons known to be of tuberculous taint should be rigidly prevented by legal barrier, unless the contracting parties be first rendered sexually impotent—both male and female.

With the ghastly cough and wasted cheek of consumption haunting every expanse and niche of civilization, it must be that most of the baffled medical profession and all the weary people are tired of these velvet-handed hypotheses and remedies to which they have so long and so uselessly been accustomed. As to the old sop-solace of heredity, which has long been passed round among the afflicted for placid acceptance and belief in lieu of practical insight anent everyday encroachments on vital functions, there could be nothing more misleading and fatal, inasmuch as it lulls to supineness every essential vigilance and daily defence of prevention, than which there is no other cure seriously worthy the name. Of course I am now writing broadly, with the world-wide prevalence of consumption and its general results under view. With so much consumption in our cities and the country, and so many jeopardizing intermixtures of marriage, it is true that hereditary proclivity must be engendered in the constitutions of many offspring. But, happily, proclivity does not mean doom. True hygiene can reconstruct physical proclivity as certainly and as effectually as true religion can reconstruct the morals of conscience and soul.

However, in order to reduce the factor of hereditary taint to its lowest minimum as security against continuous inroads of phthisis, for one I am free to urge the prudential restraints of legal barriers against the usual selfish sexual modes in marriage. It would early develop sensible precautions of young people if the laws regulating marriage imposed thorough and satisfactory examination of contracting parties and family history as to phthisis before license would be granted. It would earnestly enhance the attentive caution of persons contemplating marriage if dissolution of the sexual prerogatives of connubial union be regardfully enforced by legal statue, with separate maintainance for life of the partner who develops evidences of consumption. Persons of all ages would be roused to thoughtful and careful concern, to avail themselves constantly of sanitary means for defending themselves against all ordinary influences which depress and deprave the blood and pulmonary tissues, if governmental enacment interposed positive restraints of person and privilege in all cases of tubercular disease. Then, indeed, would our Health Boards be in sanitary attitude to actively repress the spread of consumption.

But let us see if we cannot find them a more fruitful field for beneficent operation in this direction, if they will energetically take hold where hold is eminently feasible. At least eight-tenths of the cases of tuberculous disease of our country are not hereditary, but induced, and therefore are preventable to a very gratifying extent if the conditions of prevention were faithfully comprehended and employed.

The dismayful havoc of consumption pathetically demands that new and persistent investigations be everywhere made relative to active daily causes. The idea of contagion by bacterian ferment from other cases is too shadowy and flacid to ever squarely fill the physiological requisites which so stealthily wreck so many constitutions. This newer theory is as deficient in functional logic as is the older myth, the doctrine of broadcast transmission of phthisis from generation to generation by the act of parental conjunction. The doctrine was made as elastic as an india-rubber string. If the disease fortuitiously skipped a generation or two, the pet theory was stretched to accommodate itself to the third or fourth generation, or

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some branch of the same, perchance! forgetting that unless a child is born with tuberculosis it has not inherited tuberculosis, for its parental physical heritage is just what is in its blood and organization when born and what is nursed from the mother's breast prior to weaning; outside of the type stamped by parental agency, the physical material after weaning of the child is elaborated from other sources, and its subsequent diseases are then induced by inharmony or unsanitariness of daily conditions.

It is needful that we press our researches for causes and prevention in new or neglected directions: get down from soaring theories to study of new or unused ground about incipient and failing cases; get utilizing hold of actual vitalizing and devitalizing conditions of humanity that are in continuous effect, or may be so, if practical solution of the disheartening problem of consumption is to be grasped. We may pass for the time the endless rehash about climate, altitudes, humidity, pork eating, corset-lacing, low necks and thin soles, exposure and colds, lineage and love. As causes these pet specialties all fail, except as coincidences, just as their correctives as preventives have all failed except as coincidences—for the requium march to the step of the consumptive cough has gone steadily forward all the same.

If the tests of but half a generation were scrupulously made as they undoubtedly could be, it could be proven that the causes of three-fourths of the cases of general debility and pulmonary disease, which enshroud the homes of the people, are winnowed into the lungs and blood by respiratory process, the inhaled deteriorants constantly wearing on the lung-tissues, and blood-corpuscles, and eliminative functions, and general constitution, beginning at birth, if not before. Relatively, mankind either live or die by what they breathe, more than by what they eat and drink and wear. The lungs are the primary means of daily health and life, and incomparably the greater conveyers of disease and defaulters of health than is the stomach. A trained taste is the gustatory guard for the stomach's three meals a day, while the neglected lungs, with ceaseless activity, swing their twenty-six thousands of tainted respirations in and out each twenty-four hours, like open gates to the invisible foes to physical integrity. If absence of air means death, then relative impurity of air means corelative depression of vital energies. If damaged food impairs the organs of digestion, damaged air will as certainly injure the organs of respiration, and through said injury reduce the vital processes of the constitution. Disabled lungs must keep up their usual motion without rest or respite. Thus diseased process in the lungs tends to be progressive so long as air inspired continues irritating and impure. While impurities from sewage, stable and sty, mustiness, house dust, crowded and close rooms are somewhat recognized, the dominating source of progressive debility, injured lungs and mal-nutrition is the corrosive carbonic oxide or fuel gas mixed with the breathing air of houses, business places, neighborhoods of public works, factories, city air in general. The fact that this quite universal, continuous cause has not been duly recognized and defended against, explains the persistent development of consumption. Fuel gas is the principal cause of grippe. It is freely conceded that grippe very frequently runs into consumption. Why? Because the continuance in the breathing air of the poison which resulted in the depression and injuries of grippe, carries forward the mischief in these cases to the completion. Air carbonized, mixed with fuel gases, deoxidized in any manner, means deoxidized blood, irritated breathing surfaces, reduced innervation, non-elimination of refuse, mal-nutrition, morbid deposit and disintegration, emaciation, if the process of destruction be fully started, and there is no arrest or reduction of the destroyer — whatever the climate, business, temperature, location— and neither can medicines cure.

Space does not permit me here to elaborate the momentous position so barely sketched, but its suggestiveness will bear any amount of practical service and test among running-down patients. I would that some rousing trumpet, louder than Gabriel's, could sound abroad these truths to the relief of the world! Though drugs will assist nature, the sovereign potency of healing, as well as of destroying, resides in the functions of respiration. Seventeen millions of air cells, representing an area of nearly 1,800 square feet of aerating tissue, meet at each breath of air and its contaminating admixture with poisonous gas, a thin layer of 1,300 square feet of venous blood craving to be oxidized and purified before returning to the cells and tissues of the system. Persons who work over fuel gases, or are shut into rooms dominated by fuel gases, are especially prone to consumption in some form. Their cases are usually fatal. With reduced oxygenation and elimination, depurative matter is increased. Unless healthful equilibrium be maintained in the lungs and out of them, and effete matter be removed from the economy, it becomes obstructive, irritative, suppurative, destructive.

GEO. B. H. SWAYZE, M. D.
Philadelphia.

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Favorite Prescriptions.

We hope that our readers will take special interest in this department of the SUMMARY. We solicit practitioners to furnish us for publication with one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written *on a postal card* is a convenient way for sending. Always give them in this order, please:

1. Name of the disease.
2. The formula and directions.
3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the SUMMARY.

Obstinate Cases of Diarrhœa of Infants.

℞. Kino.....gr. x
Ipecac,
Opii.....aa.....gr. j
Hydrg. cum creta. .....gr. iv
Plumbi acetat.....gr. v

M. ft. chart No. xx. Sig. — One ter die.

COLIC IN CHILDREN.

℞. Chloroform.....gtt. xij
Mucilage acaciæ,
Syrup simple,
Aquæ menth vir....aa.... ʒ ss

M. et ft. sol. Sig.—Teaspoonful pro renata every fifteen or twenty minutes. In severe cases can add to the above tr. opii, gtt. x. For irritable stomach leave out the chloroform and use dil. sulph. acid, gtt. xx.

WILL EDGAR HOLLAND, M. D.

Fayetteville, Pa.

Old Recipes for Diphtheria.

℞. Sodæ hyposulph..... 3 viij
Aquæ..... ʒ iij
Syr. simp..... ʒ iij

M. Sig. — One-half teaspoonful every three or four hours for a child eight to twelve months old; or:—

℞. Sulphurous acid..... 3 v
Sat. sol. potass. chlor..... ʒ viij

M. Sig.—Dessertspoonful every hour or two; or, when ulcerated or ulcers exist:

℞. Sulphurous acid..... .... 3 iv
Tr. ferri chlor..... 3 iij
Glycerin..... ʒ j
Sat. sol. chlor. potas., q. s.. ʒ iv

M. Sig.—Dessertspoonful every one or two hours.

These are my favorite tested formulæ which I promised last winter when in Florida.

FOR FEVER—BEST.

℞. Tr. aconite.....gtt. x
Gelsemium.....gtt. xx
Phytolacca.....gtt. xx
Aquæ..... ʒ iv

M. Sig.—Teaspoonful every hour or two. I would still rely upon these old remedies.

A. LIVEZEY, M. D.

Yardley, Pa.

Chloralamid as a Hypnotic.

℞. Chloralamid..... gr. xlv
Acid. muriat. dil.....ɱ v
Aquæ destillat.. ..... ʒ ij
Syrup. rubi idæi..... 3 ijss

M. Sig.—One-half of this at night, or divided into four doses, one every four hours; or as an injection:

℞. Chloralamid.....gr. xxx
Acid. muriat. dil.....ɱ ij
Aquæ..... ʒ iij

M.; or chloralamid can be administered in an infusion of tea with *much* sugar.

DRYNESS IN MOUTH.

℞. Pilocarpin.....gr. j

Divide in doses æqual, No, xx and d. ad. capsul. gelatin. One capsule is allowed slowly to dissolve in the mouth.

PERTUSSIS IN CHILDREN.

℞. Bromoform,
ɱ xxiv-xlviij-lxxij-xcij
Tinct. opii camph..... 3 ij-ʒ ss
Syrup. acac.....ad. ʒ iij

M. Sig.— 3 j three or four times daily; the first dose of bromoform being for a child of one year; the second, two years; third, three years; and the fourth, four years old.

STUBBORN NEURALGIA.

℞. Arsenivi iodid.....gr. j
Ext. belladon.,
Morph. valerian...aa....gr. viij
Pulv. ext. gentian.....gr. v
Ext. rad. aconit. fld.....ɱ v

M. ft. pil. No. lx. Sig.—One to three every twenty-four hours.

HUGO ENGEL, M. D.

Philadelphia.

Pleased With It

Ed. and Prop. Medical Summary:

DEAR DOCTOR.—I am pleased with the liberal and intelligent management of your journal, and hope some of my local conferes have ordered it.

J. L. COOMBS, M. D.

Grass Valley, Cal.

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Notes and Queries.

We cordially invite questions for this column on all subjects of practical interest and value to physicians. Brief, pointed, practical paragraphs embodying the personal experience of any of our readers will also be acceptable as contributions to this department. The SUMMARY is thus a valuable medium for the intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

Communications for this department should be written on one side of the paper only.

The QUERIES in this issue await the ANSWERS which our intelligent readers may be pleased to contribute for publication in our next

Reply to Queries.

Editor Medical Summary :

The question was asked in the April number of the SUMMARY, "Is it good practice to use chloroform in labor?" I reply yes, in certain stages. At the close of the second stage when the head passes always use chloroform, or some anæsthetic. I use a preparation of "A. C. E.,"—one part alcohol, two parts chloroform and three parts ether. This has been my practice for many years, and I never saw any bad results, but always the contrary. It relaxes the perineum and relieves the mind from anguish and fear, and the pain that should not be permitted. My patients at once ask, "Why, is it all over? I scarcely felt any pain, while before I suffered so much," perhaps with a previous child; and if a primapara she says, "This is not as bad as foretold me." A doctor has no right to go to a case of labor without this preparation in his case, and to give it at the proper time, which is when the suffering is greatest. This is the one great progress in medical lore the past ten years.

In answer to the second question I would say, always use the forceps when the case demands it, without trusting too long to nature.

MRS. H. TYLER WILCOX, M. D.

St. Louis, Mo.

PLEURISY.

It is the perseverance of the coral, a diminutive animal, which makes an island in the ocean. A good many years ago I knew of a very large dam being destroyed by a craw-fish. It is the little people—so considered amongst the great family of physicians—who frequently originate great and useful things in the practice of medicine. Therefore, when I see an article in a medical journal from some backwoods, country physician I know he has arrived at his conclusions from experimental knowledge, and I look upon his results as worthy of endorsement and trial. But when I see a long-winded article from some great metropolitan physician I don't know without investigation whether it will do to tie to or not, as many of his conclusions are entirely theoretical. They have no practical basis for their ideas. Now, in regard to pleurisy, how many treatments have been recommended simply from theory that will not stand the test of practice? One idea which has prevailed extensively is, if there is inflammation of the pleura, counter-irritants, of course, are indicated. Practical experience says they are of doubtful value. Theory says if the temperature is high reduce it; practice says depressants are injurious. Nothing should be used to enfeeble the heart. Arterial sedatives are therefore objectionable.

Now, I have no absolutely special treatment for pleurisy. My method is to sustain the patient and control the pain. Easily digested food will do the first; opium will accomplish the second. Stimulants, unless great depression prevails, are not indicated. Opium is almost always indicated. Rest, and that absolute, as near as possible, is required. If counter-irritants are used, nothing stronger than tincture of iodine should be resorted to. I have thought some benefit has resulted from saline cathartics. Blisters I do not believe are ever of value. I have no deaths from pleurisy, and I am very sure I use but little medicine in its treatment. I particularly try to nourish my patient wtih easily digested food. There can be no "Thus saith some great doctor," in the treatment of pleurisy. We have to be governed by the condition of the patient, and our own judgment and common sense. There is no specific known for an inflamed pleura. The homœopath, with his little pills, is about as successful in its management as is the allopath with his cannon balls. Nature is a great remedial agent, and I am not sure but what our results in the management of pleurisy would be just as good if we trusted almost entirely to its influence. Under good sanitary conditions the tendency in pleurisy is toward recovery.

GEO. J. MONROE, M. D.

Louisville, Ky.

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Book Notices.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures. J. B. Lippincott Co., publishers, Philadelphia. 1892. Price $2.75.

We have before us the first volume of the second series, consisting of 363 pages of this admirable publication. It is rather unique, being devoted exclusively to clinical lectures by some of the best teachers from different parts of the world, consequently furnishing, as it were, a post-graduate course at home to such as do not have the opportunity or time to attend such lectures in any one of our principal medical centres. We know of no similar publication that could take the place of this one. The mechanical execution of these volumes is excellent.

Medical Education and Legislation. From the valedictory address to the class of '92, Missouri Medical College, by Geo. J. Englemann, M. D., St. Louis, Mo. Reprint from *Medical Fortnightly.*

The Pathology and Treatment of Tetanus; including a Series of Investigations in Regard to the Micro-organism of the Disease, and the Influence of Disinfectant Substances on the same. A study from the Pathological Laboratory of the Jefferson Medical College. By D. Braden Kyle, M. D., Assistant Demonstrator of Pathology. Reprint from *Therapeutic Gazette*, February, March and April, 1892.

The Second Year's Work in Diseases of the Rectum at the New York Post-Graduate Hospital. By Charles B. Kelsey, M. D. Reprint from the *New York Med. Journal.*

Papers on the Epidemic of Influenza from 1889 to 1892. Relation between Influenza and Catarrhal Fever. The Epidemic as Seen in Philadelphia from 1889 to 1891. The Treatment of Influenza and its Sequelæ. The Heart as Influenced by the Epidemic, with other Notes. Notes on the Outbreak of Influenza and its Treatment During the Fall and Early Winter of 1891. By Roland G. Curtin, A. M., M. D., and Edward W. Watson, M. D., Ph. D. Philadelphia. 1892.

The second series of "American Men of Eminence" bears the profiles of Fordyce Barker, Henry W. Longfellow, U. S. Grant, R. E. Lee, J. R. Lowell, Joseph Leidy and C. Vanderbilt, with brief sketches of their lives. This brochure is issued for free distribution to the profession by the Arlington Chemical Co., Yonkers, N. Y. Any physician who has not already received a copy can obtain one by addressing as above.

First Decennial Catalogue of the College of Physicians and Surgeons of Chicago, 1881–1891, and the Announcement for 1892–93. The change made in the requirements for admission should be familiar to all interested. This is a very complete catalogue, and a copy can be had by addressing B. Holmes, M. D., 240 Wabash Avenue, Chicago, Ill.

A Plea for Early Diagnosis in the Pelvic Diseases of Women. By B. F. Baer, M. D. Reprint from *Polyclinic Journal*, Philadelphia. 1892.

The Teachings of Experience and Rational Therapeutics as to the Treatment of Pneumonia. By Boardman Reed, M. D., Atlantic City, N. J. Reprint from *Therapeutic Gazette*, March and April numbers, 1892.

A Chart of Cerebral Localization, in colors, according to the authority of Horsley, Beever, and Schafer. The Dios Chemical Co., publishers, St. Louis, Mo. This chart will be furnished free on application to the publishers.

Food, a new monthly publication destined to become a popular journal, for June contains among much other interesting matter an article by Elizabeth Robinson Scovil on "Infant Feeding," which gives many practical and timely hints to those who have the duty of providing nourishment for the generation in arms. The price of *Food* is $2.00 per annum; single copies 20 cents. Clover Publishing Co., Nos. 71 and 73 Park Place, New York City.

Our Little Ones for June is an attractive number of this artistic magazine for the little folks. $1.50 per year. The Russell Publishing Co., Boston, Mass.

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Summary Gleanings.

Diluted sulphuric acid in cold tansy tea, persisted in for weeks is an excellent medicine for uterine hemorrhage in feeble constitutions.

The Ale and Beef Company, of Dayton, Ohio, have now established headquarters at 267 West 17th Street, New York City.

Aromatic sulphuric acid in doses of from ten to twenty drops in chamomile tea, taken at bedtime, arrests profuse perspiration.

The Wood Wool preparations are now widely used, and have become generally recognized as efficient, useful and the best absorbent dressing. If you have not seen them send for samples at once.

Sulphuric acid lemonade should be used by painters as a prevention and cure of colica pictonum.

Weld's syrup of the chloride of iron, a new pharmaceutical preparation, contains the old-fashioned tincture of the chloride with its free acid neutralized in such a way that the solubility of the iron is not impaired, while the tooth destroying properties of the old preparation are entirely overcome.

A solution of five grains of tannin to an ounce of water is a very serviceable application to sore nipples. Apply night and morning.

Simplicity, artistic design, thorough construction and elegant finish commend the Allison operating chair to the profession. It can be tilted backwards, sideways, or put in any desired position with perfect ease and fastened rigidity.

"I used Sanmetto in a case of gleet of seven years' standing, with happy results."—C. N. Shellenberger, M. D., Philadelphia, Pa.

The severe pain of gout has been promptly relieved by the application of lint saturated with alcohol and covered with oiled silk.

Dr. J. Watson Williams has found cactus grandiflora of value in sexual neurasthenia.

Aloes applied to an ulcer or a denuded spot will as effectually and as promptly prove cathartic as when administered in the usual way in pill.

Two to four or five drachms of alum in water taken during the twenty-four hours, or a drachm and a half of sulphuric acid in three or four pints of water taken during the same period, will open the bowels and relieve lead colic.

Strychnia used hypodermically, 1-60 to 1-30 grain, is a valuable retinal and optic nerve stimulus.

Phenol soothes the aching tooth without burning the mouth. It cures soft, spongy, ulcerated gums and bad breath. It also destroys insects.

Two drops of medicated hydrocyanic acid, with a drachm of tincture of lobelia, and an ounce of infusion of roses, or camphor-water, is one of the most effectual remedies for asthma that can be given. Repeat several times a day if the case requires it.

Persons with stomach or bowel derangements depending on excess of acid are sometimes accidentally cured by draughts of sour buttermilk.

Equal parts of nitric acid and water constitute a mixture that has proved of value in ulceration of the gums, etc.

A case of obstinate hiccough is reported as promptly relieved by dilute sulphuric acid, in a person aged 73, who had resorted to all the ordinary remedies.

The Compound Alkaline Elixir of Rhubarb with Pancreatin (Merrell), gives most excellent satisfaction as an antacid, carminative, stomachic and digestive. It is very valuable in cholera infantum, infantile colics, dyspepsia, and all abnormally acid conditions of the alimentary tract.

Dr. Strisorer concludes (*Medical Standard*) that pilocarpine hydrochlorate is a certain remedy in eclampsia. Cardiac weakness is no contraindication to the repetition of the injection when the spasms appear. Abnormal pupil contraction indicates that spasms are impending.

In the laryngitis known as minister's sore throat, fifteen-drop doses of the tincture of collinsonia are valuable.

Dr. W. W. Lane recommends a tincture prepared from the leaves of the cynara scolymus (garden artichoke), in gin, for the cure of general dropsy, particularly ascites. He administers a wineglassful of this tincture three times a day, and asserts that it is a valuable remedy.

The compressed tablet triturates advertised by Jos. McManus & Co., it is said are giving perfect satisfaction, and would recommend for them a thorough trial by the profession. Send for samples or their pocket case,

A teaspoonful of powdered alum in syrup, is a good and safe emetic in croup. It may be repeated in ten or fifteen minutes if required.

Ipecac in large doses preceded by a strong opiate is as valuable in typhoid fever as in acute dysentery.

For all goods in the line of spinal apparatus and elastic stockings we can safely recommend the Pomeroy Company, of New York City. We call special attention to their advertisement in this issue.

Two ounces or pumpkin seed (the outer husk being removed) beaten in a mortar with sugar, and made into an emulsion with water, and followed in one and a half hours by a dose of castor oil, prove a valuable tænifuge, or tape-worm expeller.

The true summer drink should contain real nutritive properties to compensate for the exhaustive waste of prespiration and counteract the weakening and relaxing effects of excessive heat. For interesting reading on this subject see the article, "A Refreshing Tonic and Reconstructive," on advertising page i of this issue.

The advertisements in the SUMMARY are well worth your thoughtful perusal.

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The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession; it is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains:			
Pure Cod Liver Oil	30 m. (drops)	Soda	1-3 Grains
Distilled Water	25 "	Salicylic Acid	1-4 "
Soluble Pancreatin	5 Grains.	Hydrochlo Acid	1-30 "

Recommended and Prescribed by EMINENT PHYSICIANS Everywhere, It is pleasant to the Taste and acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuæ, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

The following are some of the diseases in which HYDROLEINE is indicated:

Phthisis, Tuberculosis, Catarrh, Cough, Scrofula, Chlorosis, General Debility, etc.

TO BRAIN WORKERS of all classes, HYDROLEINE is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," and "Consumption and Wasting Diseases," by two distinguished London physicians, which will be sent free on application.

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SOLE AGENT FOR THE UNITED STATES. 115 FULTON STREET, N. Y.

A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U. S.

NERVOUS EXHAUSTION

Horsford's Acid Phosphate.

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by over-work, as found in brain-workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

Dr. B. H. Boyd, Lafayette, Ind., says: "I have used it in several cases of nervous exhaustion, with uniformly good results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

Beware of Substitutes and Imitations.

CAUTION.—Be sure the word "HORSFORD'S" is PRINTED on the label. All others are spurious. NEVER SOLD IN BULK.

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PLATT'S CHLORIDES IN FEVERS AND CONTAGION.

"Further experience with Platt's Chlorides enables me to more fully endorse all I have said in regard to the excellent qualities of this disinfectant, which is not only odorless, but is at once active and thoroughly reliable."

THOMAS G. MORTON, M. D.,
PHILADELPHIA.
Professor Clinical and Operative Surgery, Phila. Polyclinic; Surgeon to Penna. Hospital.

"I am especially pleased with its efficacy in puerperal cases, in the after-treatment in ovariotomy, and other operations in gynæcological surgery."

R. LUDLAM, M. D.,
CHICAGO, ILL.
Professor Surgical Diseases of Women, Hahnemann Med. College and Hospital.

"For years I have used Platt's Chlorides with great satisfaction in Diphtheria, Scarlet Fever, Typhoid Fever, and all contagious or infectious diseases."

E. H. PACKER, M. D.,
LOWELL, MASS.

"Platt's Chlorides has no equal as a disinfectant. We have had an epidemic of diphtheria here. I have treated several cases, and have used the Chlorides quite freely in each case. I have not lost a single patient, and I attribute my good luck to the free use of Platt's Chlorides."

J. H. SANFORD, M. D.
SHELBYVILLE, INDIANA.

"I have used Platt's Chlorides in typhoid cases as a disinfectant for excreta, and the rooms in which such cases were treated, and I find it very efficient. Its cleanliness and freedom from odor, as well as effectiveness in destroying disease germs, renders it an especially valuable agent for the sick-room."

FORDYCE GRINNELL, M. D.,
CARLISLE, PA.
Physician for the Government Training School.

Bromidia.

A decision recently given in the United States Circuit Court of the eastern district of Louisiana in favor of Battle & Co., the proprietors of Bromidia, against the drug firm of Findley & Brunswick, will undoubtedly give great satisfaction to the members of the medical profession. The said druggists have been found guilty of improperly using the word "Bromidia," and writing the same upon mixtures compounded by them. The court decided that Battle & Co. owns in its completeness the title of "Bromidia," and it ordered the aforesaid Findley & Brunswick to render an account of all sales made of the imitation product improperly called Bromidia, and that the amount involved be paid by them to Battle & Co., and the cost of the suit must also be paid by them.

Engorgement of the Uterus—Gonorrhœa.

"I have tried Sanmetto in engorgement of the uterus, and found it better than anything I ever used; also in a case of long-standing gonorrhœa, which gave permanent relief." — W. C. Wood, M. D., Woodward, Ala.

Do not fail to look over the advertising pages of this issue of the SUMMARY. They are all expected to be of interest to you. Points of real value may be gathered from them, and when you write for samples, etc., do not forget to mention the SUMMARY.

Diseased appetite of hysterical women:

℞. Tinct. ignatiæ..... ʒ j
Celerina (Rio)..... ʒ iv
M. Sig.—Teaspoouful three times daily.

Charles Reade named a favorite dog Tonic, because he said he was a mixture of bark, steal and whine.

The Jefferson Medical College, of Philadelphia, will shortly begin the erection of new fire-proof buildings for a hospital, lecture hall and laboratory, at an estimated cost of $500,000. They are expected to be ready for occupancy in the sessions of 1893-94.

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"Coming Our Way."

THE WM. S. MERRELL CHEMICAL CO. are the original, the largest and practically the ONLY manufacturers of True Salicylic Acid from Natural Wintergreen Oil; and the lack of faith—amounting to practical unbelief—in the necessity for careful specification, has enabled unprincipled or incompetent makers to market their product and supply that class of buyers who believe in something "cheap," especially if assured by interested distributors that "it is just as good."

READ THIS!

A warning key-note struck by an unprejudiced and disinterested writer in favor of high qualities and positive therapeutics.

A Salicylic Uncertainty.

The fact that a synthetic chemical gives reactions apparently identical with its native prototype does not establish identity of physiological action. Even the natural alkaloid caffeine has been shown by clinical experiment to differ in its action when derived from different plants.

Charteris and others have shown that salicylic acid obtained from oil of wintergreen differs in its therapeutic effects from that made by synthesis, and physicians sometimes insist on having the former kind, which is much more expensive.

But artificial oil of wintergreen has become quite common. It is made by combining artificial salicylic acid with the methyl radical of methyl alcohol. Now, it is said that certain manufacturers have adopted the idea of using this artificial oil for the production of salicylic acid; that is, they juggle with what remnants of conscience they may have by taking artificial salicylic acid out of a compound into which they or somebody else has put it, and calling this "acid from the oil."

This circumstance will lead to confusion as to the real source of a given salicylic acid, and we regret to have to admit that there are probably some dealers who will resort to the subterfuge of supplying "acid from the oil," when they know the oil was not the natural product. So where such acid is desired, the pharmacist must demand of his dealer a guarantee extending to the oil itself.

Editorial Druggist's Circular, May 1892.

The best dispensers always specify "Merrell's" True Salicylic Acid and True Salicylate Sodium from Natural Wintergreen Oil.

The "**Merrell Co.**" do not sell, use or handle Synthetic Oil Wintergreen or acid made from it.

The "**Merrell Co.**" do not "rub up" Commercial Salicylic Acid with a little Oil Wintergreen and call it Salicylic Acid from Wintergreen Oil, and recommend the "light, feathery crystals" thus produced as the "proper thing."

The "**Merrell Co.**" do not claim that True Salicylic Acid has a "slight odor of the oil,"—for when pure and properly prepared, it has an odor peculiarly its own, but it is not a Wintergreen odor.

Crystals of True Salicylic Acid are large, firm and hard—from ¼ to ¾ inch long, of measurable thickness, and much heavier in a given bulk than acid prepared "in a mortar" from Synthetic Oil and Commercial Acid.

THE WM. S. MERRELL CHEMICAL CO.

NEW YORK. **BOSTON.** **CINCINNATI.**

Or may be ordered through Wholesale Druggists in any prominent distributing centre.

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Professional and Business Chances.

Under this head we shall insert free of charge an advertisement occupying not more than four lines, which is equal to about twenty-eight words, to any one whose name is on the subscription list of the SUMMARY. For additional words, or if more than one insertion is desired, cash, at the rate of *Two Cents per word*, is required. If letters are to be sent in care of this office an extra fee of 25 cents must accompany the order. Instruments, Preparations, etc., advertised under this heading at double the above rates.

READ—Wanted and For Sale Ads Inserted in this column for 2 Cents per Word.

FOR SALE.—Fine house, barn, woodhouse, small drug-store, one acre of land; income $2,000: only physician; population 500; large territory. Will introduce successor. Time if desired. Address, Dr. Comstock, Grover, Pa.

FOR SALE.—Property and stock of drugs; a splendid location, no opposition. Price $2,500. For particulars address W. T. Phillipy, M. D., Bloserville, Cumberland county, Pa.

WANTED.—Sept. 1st, a physician; practice established 20 years; paying; collect 95 per cent Ask no bonus: going to the city. Must speak German. Address, Box 72, Strausstown, Berks Co., Pa.

SPECIAL OFFER to Physicians and Surgeons.—150 No. 6 XXX high-cut white envelopes printed to order and postpaid, 50 cents; note heads do. W. J. Kafroth, printer, West Earl, Lancaster Co., Pa. Samples free.

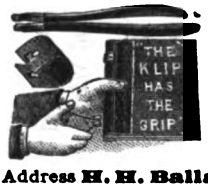

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CHART
OF THE
MUSCULAR SYSTEM.
(ACCORDING TO GRAY.)

☞ Giving the origin, insertion, action and region of each muscle, also the nerve supplied to each.

Arranged by DR. DRAKE.

Testimonials from the leading Physicians and College Professors in the country. The chart is invaluable in any Doctor's office, handy for reference, besides being an ornament.

Chart 2 ft. 8 in. by 3 ft. 6 in., varnished and mounted on rollers, cloth back.

We have secured the wholesale agency for these charts, and will send them postpaid at the following prices:

CHART ON ROLLERS, MOUNTED ON LINEN, $2.50.

For a limited time we will send the above chart prepaid, on receipt of price, and place to your credit one year's subscription to the SUMMARY. See Order Blank.

Address,

THE MEDICAL SUMMARY,
BOX 1217, PHILADELPHIA, PA.

A New Preparation of Iron—A Specific for Anæmia.

Reynold W. Wilcox, M. A., M. D., professor of Clinical Medicine in the New York Post-Graduate School and Hospital, read a scholarly paper entitiled, "Anæmia: Its Treatment with a New Preparation of Iron," before the section in General Medicine of the New York Academy of Medicine, April 19, 1892, which was published in the *N. Y. Med. Journal*, May 7, 1892. The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron (Parke, Davis & Co.'s). The conclusions of Dr. Wilcox are:

In anæmia iron is by far the best remedy.

Of all preparations the Tincture of Iron Chloride is the most valuable.

The official tincture is objectionable in that it excites nausea, disgust and vomiting, stains and destroys the teeth.

These disadvantages are obviated in Weld's Syrup of Chloride of Iron.

In removing these disadvantages its therapeutic efficacy is not in any way impaired.

Chas. Truax, Green & Co., the enterprising physician's supply house of Chicago, have announced that during the Columbian Exposition they will establish and maintain a bureau of service and information for medical men. Provision will be made for registration, the reception of mail matter and telegrams, the transaction of banking, and information will be furnished as to hotels and boarding houses and other matters of interest and importance to visitors. A cloak-room, reading-room, reception-room, and other conveniences will also be provided. This is a laudable enterprise, and many members of the profession attending the exposition next year will undoubtedly take advantage of the conveniences offered by this enterprising firm.

Maxim, the inventor of the Maxim gun, one of the greatest of American inventors, explains in the June *Cosmopolitan* how it is possible to build without further discussion a flying-machine which will travel through the air at the rate of 100 miles per hour; this without the aid of any gas.

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—THE—

MEDICAL SUMMARY,

A MONTHLY JOURNAL OF

Practical Medicine, New Preparations, Etc.

R. H. ANDREWS, M. D., Editor, P. O. Box 1217, Philadelphia, Pa.

ONE DOLLAR PER ANNUM, IN ADVANCE. - - SINGLE COPIES, TEN CENTS

VOL. XIV. PHILADELPHIA, AUGUST, 1892. No. 6

THE MEDICAL SUMMARY,

R. H. ANDREWS, M. D., PROPRIETOR.

Subscription Price, in the United States and Canada.....$1.00
Foreign Countries..... 1.25

☞ These rates include postage, and must be paid invariably in advance. Single copies, *Ten Cents*. Subscriptions may begin at any time. Subscribers desiring their address changed must give their *former*, as well as their *new*, postoffice.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the close of the month.

Advertising rates will be sent on request.

Address THE MEDICAL SUMMARY,
P. O. BOX 1217. Philadelphia, Pa.

PHILADELPHIA, AUGUST, 1892.

DIET IN HEALTH.

Too many people assume that because they enjoy fairly good health, no improvement can be effected in their diet. That this position is fallacious none who carefully consider the subject will deny. Those whose practice brings them into contact with the wealthier classes have frequently an opportunity of estimating the bad effects of improper diet; not alone among the rich, but also among the poor. The latter are unable to procure meat on account of their poverty, and as a result their diet is composed largely of carbohydrates. On the other hand, the well-to-do people, many of them at least, have little to distract their attention or develop the muscular abilities, and as a consequence there is but little demand for a meat diet. In the case of general sickness, or even without unfavorable climatic conditions, both classes seem to be unable to resist attacks of disease. These are, for the most part, the apparently healthy people who are so quickly stricken down by disease, while the chronic invalid may pass through unscathed, and yet no one seems to understand that conditions were present which predisposed the healthy man or woman to disease, and that these pre-existing conditions were largely due to want of attention to diet. Those who feel so content that they are well, ought to visit a physician for instructions how to avoid disease. The old maxim finds here an apt illustration: "In time of peace prepare for war."

A FORMULA FOR DIABETES.

A formula for diabetes bearing the endorsement of one of the foremost clinicians of the century ought to receive more than a passing notice, and for this reason we have decided to call attention to it in the editorial columns of the SUMMARY. The

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formula is one proposed some time ago by Dr. Benjamin Ward Richardson, of London, and in speaking of it he says: "It forms the most useful prescription I have ever used in diabetes." The following is the recipe:

℞. Codeinæ alkaloid.....gr. iij
Alcoholis..... ℥ ij
Sol. hydrog. diox. (10 vols.) ℥ ij
Aquæ destillat, q. s., ad... ℥ xij
M. Sig. — A tablespoonful in a wineglassful of water three times a day.

It will be observed that the dose of codeine is small—but one-eighth of a grain three times a day—and with the exception of the peroxide of hydrogen in the form of a solution, the recipe contains no other medicament. The secret probably lies in the use of the peroxide, which has such a pronounced effect upon micro-organisms, and thus prevents gastric infection, a subject to which we directed attention in this journal for June. If this supposition is correct, and clinical observation seems to warrant it, then we have in this simple formula a most valuable indication for the treatment of other diseases. Who will profit by this deduction and report the results to our readers?

OBSTETRIC TEACHING IN LONDON.

The facilities afforded medical students for learning obstetrics in London are evidently of the most primitive and superficial character, and yet American physicians accord London practitioners appearing in this country marked favor and attention. According to a correspondent in a recent number of the *British Medical Journal*, the course pursued in at least one London hospital is sufficient to warrant us in characterizing the entire arrangement as a farce. This correspondent took a course of one week, and spent most of his time waiting to be called to attend a case, in a small room in the institution containing no other furniture than a table, two chairs and a sofa. A fœtal skull was supplied, also an obstetric forceps, the latter being employed as a tongs to keep the fire in order when not in use in studying the various adjustments on the skull. At the single case of confinement which he attended, he was under the direct supervision of a midwife, who instructed him every fifteen minutes to make a vaginal examination. The child delivered and the binder applied, he saw no more of his patient, unless by special permission of the resident officer, and he never had the exquisite pleasure of seeing the attending physicians at all, although at the end of his period he was furnished with a certificate duly signed, announcing that he had attended all the cases occurring in the hospital during the entire week of his attendance, Perhaps this is "English, you know."

THE TYPHUS FEVER INVASION.

Typhus fever is a rare disease in this country, but once introduced it is quite as fatal as in other countries. The promptness with which it has been brought under control in New York goes to show that our facilities for the treatment of this class of cases by isolation, and by the most approved methods from a therapeutic standpoint, are calculated to afford security in the case of other contagious and infectious diseases which may be brought to, or developed within this country. Never, perhaps, in the history of medicine, has more satisfactory results attended the efforts of physicians, and it will have great weight with State and National officials in deciding that all affairs of this kind should be placed directly in the hands of medical men, rather than that political measures should be permitted to take charge when both life and property are at stake.

Mention the SUMMARY, please, when you write any of its advertisers.

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Original Communications.

Brief and practical articles, *short* and *pithy* reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the SUMMARY must be contributed to it exclusively. The Editor is not responsible for the views of any contributors.

Write *only on one* side of the paper.

FACTS ABOUT PLEURISY.

I noticed in the June number of your valued journal an article on "Acute Pleurisy," from the reading of which I desire to offer my opinion, which is founded upon *facts gained by experience.*

In regard to the cause of acute pleurisy, I have never met with a case that was not caused by sudden check of perspiration—in some cases coupled with over-exertion. I make the assertion that every case of "inflammatio serosa" can be reduced by a single remedy, and never "points to tuberculosis," except in cases that have their starting point in the lungs, and extending to the pleura, producing pleuro-pneumonia. Of course the one remedy—and vital force can be aided by common-sense nursing—consists in the use of means that will draw the circulation of blood to the extremities, away from the point of attack. This can be accomplished by immersing the hands and feet in very warm water, to which is added mustard and tincture of capsicum, afterward keeping the patient warm in bed, and quiet and well covered; but do not apply mustard to the seat of pain. It is better to use light packs of warm soda-water, covered with a dry towel. Do not destroy the action of the capillaries of the skin over the seat of pain. If mustard-plasters are applied, let them be placed upon the palms of the hands and the soles of the feet.

Case in practice, cause and remedy:

I was called to a very severe case of pleurisy about the time Keith & Co. commenced preparing concentrated remedies, or soon after. The patient, a man aged 60 or 65 years, farmer, had been laboring in the hay-field the day before, and the case was evidently produced by a strain and check of perspiration. I had just obtained a two-ounce vial of Keith & Co.'s "Con. Tr. Asclepias Tub." and had it in my "pill bags." I did not spend time in preliminary nursing, but gave ten drops of the above remedy every fifteen minutes in hot, sweetened water until a free perspiration was produced, and the pain in the left side extending to the shoulder and the breathing was relieved, which was in less than two hours. The patient continued to improve rapidly, and no trace of effusion, or even cough, remained after the first twelve hours from the time I was called. The intervals of giving the remedy were lengthened as the patient improved.

I have had many cases of pleurisy since the above cited case; also cases complicated with pneumonia, and have never been disappointed with the "single remedy" when I used Keith & Co.'s concentrated tincture, and I believe it to be the only remedy now known that is specific for inflammation of serous membranes. It may be complicated with a rheumatic diathesis, in which tincture of white bryonia may be used with benefit.

The action of the asclepias tuberosa, Keith's (I could never get satisfactory results from other preparations), gives marked results upon the circulation at once. The pulse, which in a true case of pleurisy is bounding and vibratile, soon becomes slower, less vibratile and bounding, and continues to improve without intermission, if the remedy is commenced in the early part of the attack.

A. B. WOODWARD, M. D.

Tunkhannock, Pa.

PNEUMONIA.

Pneumonia is generally caused by malaria and exposure to cold draughts of air and sudden changes in temperature, and is generally ushered in by a chill, most always between midnight and day, followed by high temperature, cough and expectoration, and, most always, difficult breathing, with weak pulse (which is a guide to the prognosis of the case), accompanied with delirium, which calls for stimulants at once without delay. This is best overcome by whiskey or brandy and ammonia. Where rest can not be procured without medicine, the best remedy I have ever tried is chloral hyd., given in about five-grain doses at

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night. This will generally procure sleep until morning; if not, give another dose after the lapse of two hours. In asthenic cases I like the action of turpentine. It controls the formation of gas in the intestines, and seems to have a decided effect upon the expectoration by improving the inflamed portion of lung tissue; and in the later stages I like the blister, but the temperature I never interfere with, because I believe it more detrimental to the patient to try to reduce the temperature by means of aconite and veratrum, which reduce the heart's action—and this is one of the most important parts of the treatment, to avoid heart failure, with which, and the best stimulating treatment, we fail to accomplish our aim, and our patients die. And when at the beginning of the disease we try to reduce the heart's action, we would of course find it much more difficult to stimulate when it began to fail. Where the patient has become very much exhausted from the disease I generally prescribe iron, although some object to the use of iron where fever exists, but it has acted well where the patient is very weak. Of course I generally give quinine and other remedies as indicated.

J. N. SMITH, M. D.

Cuba Landing, Tenn.

CLIMATE AND SUSCEPTIBILITY TO TREATMENT.

The great difficulty in securing prompt results in the treatment of chronic diseases depends on susceptibility to treatment, which varies as much in temperament and diathesis as we differ in individuality. The glandular system is mostly at fault, and the secretions are not eliminated through their normal channels. The proper thing to do, after we arrive at a diagnosis, is to prepare the system for treatment.

In almost all chronic diseases I find the solids predominate, and in order to get the tissues of the body in solution or susceptible condition for treatment, I have derived most excellent results from vapor electric baths and flagellations, salt-water baths and electro-massage, and to secure the best results from this modus operandi of preparatory treatment (and in many cases no other is necessary,) I prefer the seaside. On the other hand, I find the greater the altitude the more stubbornly will the glandular system yield to treatment, if at all. While the tonic effects upon many cases is quite marked from sea-air and water, I also find a peculiar relaxation takes place that is very desirable in preparing the system, and to assist nature in resuming her normal functions.

After a course of treatment at the seaside it is generally better to send the patient to a greater altitude, or at least to the country to rest and build up; the reaction is beneficial in all cases. Especially do I find this to be the case in a tubercular diathesis—i. e., course of treatment on the seashore, and from thence to the mountains, to secure the benefit of further treatment.

When it is taken into consideration that the chyliferous vessels are compelled to carry excrementatious matter with the chyle into the right side of the heart to be intermingled with the venous blood, and immediately pumped into the lungs to be renovated, oxygenated and filtered by said organs and prepared for the left ventricle, and that the lungs are called upon to eliminate secretions that should pass off through their normal channels, it will be readily understood how necessary it is that the glandular system be kept performing its normal functions. I recognize that the retention of secretions in the alimentary canal accumulates the soil in which the germs of all diseases develop, causing tissue change, lesions, hypertrophies, baccilus, etc. I believe that if the glandular system is kept in a perfectly healthy condition it would be an impossibility for the germs of disease to germinate or develop in the tissues of the physical system. I have invariably found in over twenty years of general practice that all infectious diseases are modified in proportion to the contents of the alimentary canal and condition of the glandular system. Hence the necessity of jugulating the glandular system in all diseases of an infectious nature, whether acute or chronic. Retention of food in the duodenum and jejunum always produces fermentation and a vitalized chyle. An abnormal condition of the portal circulation of the liver will allow the colon to become engorged and impede

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the ileocæcal valve, which will hinder the smaller intestines from relieving their engorged conditon.

I prefer Ocean Grove N. J., to all seaside resorts for invalids for one reason in particular, viz., the drainage is so perfect that there is not sufficient evaporation from the earth's surface to germinate an animalculi, and the result is that Ocean Grove is free from the pestiferous insect—no flies or mosquitos. This is quite an item in favor of said seaside home. We are not only exempt from a terrible annoyance, but also recognize that an atmosphere too pure to propagate animalcules is just the atmosphere desired by all of us, especially those who are seeking rest and health.

We ought to have a large sanitarium with all the latest improvements at Ocean Grove. I believe it would pay financially, and also contribute largely to the demands of the afflicted, especially those who are not susceptible to ordinary treatment and medications without the assistance I have already suggested.

NEVIN B. SHADE, M. D.

Washington, D. C.

DIGNITY OF THE PROFESSION.

Under the heading, "False Dignity of the Profession," I wrote a brief article which was published in the March number of the SUMMARY, and favorably spoken of by a medical brother, and so well liked by the *Homœopathic News* that it was transferred to its columns under *another doctor's name*, with a few of the remedies only changed! I will give the *News* another opportunity to steal this article, which is like unto the preceding one.

We are aware that there is a great deal of dignity in the profession—our profession, so that it is very hard to admit that any one outside of it should know that which is unknown to us, and therefore the members of our very learned profession do at the present day—as has been done, unfortunately for science, a thousand times before—take shelter in dogmatism, and despise, or pretend to despise, the knowledge which is unknown to them. "This," said the late Prof. J. K. Mitchell, "is just the spirit which has retarded the progress of medicine until it lags behind every other."

We believe he uttered a great truth when he added that "the truest dignity will consist in being a pupil even of a peasant girl or a quack, as was Jenner when he listened to the prattle of a milkmaid about the 'cow-pock,' whom he did not despise because *she* was ignorant and *he* learned and dignified."

The late Prof. Dunglison (see Introductory to Class 1843,) exhorted the students to "feel that the true dignity of medicine is to be maintained by superior learning, ability and the *conduct* of those who profess it." The writer, who heard these wise and liberal sentiments uttered by these great master-minds, looks about him now, and sometimes has reason to feel more of pity than of contempt for the bigoted sectarians who think they are gracing and upholding the profession. Some of these, too, have belonged to the American Medical Association who cannot affiliate with such and such as colaborers in the cause of humanity, and mentally, if not orally, cry out, "Stand aloof; we are more learned than ye!"

A. LIVEZEY, M. D.

Yardley, Pa.

TREATMENT OF ACUTE PLEURISY.

I have just finished reading your editorial on the treatment of acute pleurisy. For the last twenty-five years I have had from five to ten cases of acute pleurisy to treat per year. I will proceed to give you my observation and treatment. You say, "nothing has been said of the causation of the disease;" also, you say, "indeed nothing is advanced by any of the authors which would enable us to decide definitely their beliefs in regard to the pathological condition upon which acute pleurisy depends."

Pleurisy in nearly all cases is caused by taking cold. Sudden change of weather from hot to cold, or the person working in a warm temperature being suddenly exposed to a cold atmosphere, or sleeping in a cold, damp room. Sudden changes from heat to cold is the cause in a large majority of cases. Now, taking cold thus will at

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once check insensible perspiration, followed by chilly sensations, as a severe, decided, prolonged chill, followed by fever, the temperature in a short time reaching 104 degrees, pulse 100 to 120 per minute, and in most cases full and bounding; skin dry and husky, headache, bowels costive, urine suppressed. The pain is now severe, wherever the pleurisy is involved (stitch in the side, as the patient says); cannot take a full inspiration of air, on account of the lungs pressing against the pleura involved, making pain and some coughing. These are the leading symptoms of acute pleurisy the first two or three days.

Now, what is the pathological condition of acute pleurisy the first day or two without complication? There is acute inflammation on the pleura, characterized by *heat, redness, pain* and *swelling;* the circulation partly increased and partly diminished. This pathological condition gives rise necessarily to all the symptoms we have described. Now, knowing the laws of acute inflammation, we all know its results if not counteracted.

Treatment.— What can cathartics, diuretics, anodynes, blood-letting, morphine or quinine do in arresting this inflammation? Why, the disease will go on, and the remedies never touch the malady. We want a treatment to stop the inflammation promptly. Here is my treatment, which will stop it in a few days promptly and thoroughly, as I have verified in a large number of cases:

℞. Fld. ext. aconit.....gtt. x
Fld. ext. verat. viride...gtt. xxx
Fld. ext. belladonna.....gtt. xx
Aquæ..... ℥ iv

M. Sig.—Take a teaspoonful every hour until you bring the pulse down to 75 and hold it at that.

These remedies will antagonize the inflammation, bring the pulse down, reduce the temperature, and induce diaphoresis. To assist the above:

℞. Fld. ext. asclepias tub..... 3 j
Fld. ext. bryonia.....gtt. xx
Aquæ..... ℥ iv

M. Sig.—Teaspoonful every two hours.

In addition to this treatment, have the patient in a room the temperature of which is about 70 degrees. Sponge the patient every six to twelve hours with warm water with some bicarbonate of soda in it. In some cases, especially the second or third day, if necessary, apply cantharides blister from four to six inches square. This treatment will arrest the disease in from twenty-four to forty-eight hours. But if the patient is not seen in the first two or three days, the inflammation will extend over a larger surface, and perhaps involve the lungs, leaving pleuro-pneumonia, resulting in effusion of serum or suppuration, and having the usual results in such cases, all of which can be avoided if proper treatment is used at the start.

Now, if the reader will study thoroughly the nature, or pathological condition, compared with the physiological laws, and then study the action and behavior of the above remedies—how and why they will antagonize the inflammation, and observe their beautiful effect at the bedside—the physician will feel gratified at the result of his skill in the science of medicine. Now, my reader, study thoroughly all I have said impartially. Don't depend upon authors, don't follow in the footsteps of others; don't give any remedy supposing it will help. You must know! Study the disease, know the action of your remedies, and you will be amply repaid for your work.

JOHN A. HENNING, M. D., PH. D.
Garnett, Kansas.

ERYSIPELAS

If I have not said too much already on the above subject, I wish to report two cases of more recent date.

Mrs. S., was confined about March 17th, 1892, and bore an apparently healthy boy baby. Twenty-one days after the child's birth they moved four miles on another farm. A week later the child became sick, and I was called to see it. I found a fever-pulse, coated tongue, irregular bowels, and a redness of the skin in the nape of its neck. The child had not been hurt and the mother had no trouble during confinement or lying-in period. I diagnosed erysipelas. Treatment as follows:

℞. Hydrg. chlor. mit.....gr. 1-20
Potass. nitras..... gr. j
Pulv. Doveri..... .....gr. ½

M. Sig.—Every four hours.

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Also, fld. ext. jaborandi, gtt. vj, increased to gtt. x, every four hours, alternately; locally, cosmoline.

After the tongue had cleaned and stools were more natural I gave elixir gentian et iron, 3 iij; syrup sarsap. comp., 3 ij; elixir quinine, 3 j; M.; Sig.—Half a teaspoonful every four hours, alternating with the jaborandi.

The erysipelas extended over the head, face, neck, arms, hands, body, legs and feet. The scrotum and penis were enormously swollen. At the end of one week from beginning an abscess had formed in the scrotum, opened, and the right testicle and cord were gangrenous. I applied a bread and charcoal poultice. In two days the testicle and cord fell away, the latter near the external ring. The wound became healthy and soon healed. The erysipelas at the end of three weeks had all disappeared, but an abscess had formed on the penis and a large one on the left thigh above the knee. These were both lanced, and the latter discharged a great deal of pus. In a week another abscess had formed on the right thigh, and it was also lanced. At the same time a smaller one formed on the left elbow joint, and it was lanced. At the end of seven weeks the little boy had recovered, minus a testicle.

I asked the mother whether she enjoyed good health during her period of gestation. She said that she had an attack of la grippe about New Year, but was able to do her housework all along. Was the grippe of the mother the remote cause of the erysipelas in the child? Can cells, microbes, or living entities float in the blood of the mother in a dormant state, while some pass into her offspring, and after it has become an independent being, *can* and *do* these microbes produce tuberculosis or erysipelas at the age of four weeks, while the mother escapes the disease? If not, then peculiarity of structure must have been the hidden cause. A wonder that it survived.

Several weeks ago, I was called to see a lady aged 54, suffering from erysipelas on her face. The usual symptoms were present, and I treated her on general principles. On my second visit I was informed that a neighbor had been called in to "pow-wow," and that she had taken no medicine since the evening previous. I told the family that the medicine would not interfere with the effects of pow-wowing. The husband told me kindly that the man of *peculiar power* and *wisdom* said it would; that in a day or two the erysipelas would all be gone and the patient out of bed. I was told to call next day for further developments; but if I thought that the lady needed medicine they would give it.

I know that experience is a great teacher, and I told the family to follow the advice of the pow-wower. At the end of the third day the erysipelas (phlegmanous) had not yielded; the woman had become weak, tongue dry, and pulse above 100 beats per minute. The pow-wower and I met accidentally on that day. I questioned the patient and got the above history. I told the patient, in the wonderful man's presence, that I was not surprised at such a state of affairs, but was particularly surprised that a man not knowing anything of the nature, cause and character of a disease, should order a doctor's medicine to be stopped, and profess to cure a blood disease by blowing it away. The man of powers left. I treated the lady, and she made a speedy recovery.

Is it not astonishing that the American people at the close of the nineteenth century still believe in and practice the black art? In Africa the negroes ascribe nearly all unusual events or evils to witchcraft, and King Massai has a pigmy to smell out witches. When an epidemic occurs among cattle or human beings these pigmies (or this particular pigmy) smell out the man or the woman who is the cause of the trouble, and the offender is killed.

Where are our ministers of the gospel? Where are our doctors? And where are our intelligent people to enlighten the ignorant among us?

FRANK R. BRUNNER, M. D.
Eshback, Pa.

SYPHILITICS.

The primary stage of syphilis can generally be differentiated from local diseases, although a positive diagnosis is often impossible. In private practice, when in doubt it is better to presume a chancroid

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or a benign ulcer is a chancre, than to wait for secondary lesions. If seen early, and the sore is small and in a favorable position for the knife or scissors, that treatment is rapid and effective, because all these diseases are primely local. If there are many local lesions, or one large and deep, twist a pledget of cotton on a wooden toothpick, dip it into aqua regia; this when thoroughly applied will destroy not only microbes, but nerves as well, hence after the first touch it is painless.

The laity have a generous fear of blood-poison. How often do we hear, "Doctor, you must give me something to keep this disease out of my blood." You will find nothing better, more elegant, nor more safe than one-tenth of a grain of calomel, in tablet, four times daily. These tablets will do no harm if the disease is non-syphilitic, except to help you more rapidly heal the chancroid, which they will invariably do; and should the disease prove specific, then you will lessen the severity of the secondary lesions.

A "cullud" barber called on me with "a seven-year case of old Sal." He let down his pants, stooped over a chair, and revealed a fearfully dark and variegated aspect. Around the anus for about five inches, and over the glutei, there were twelve ulcers on an hypertrophied base of at least an inch thick, which also extended to the scrotum, enlarging it with that same hypertrophied, interstitial growth. This growth had so encroached upon the lumen of the rectum that only aqueous defecation was possible.

Next came a young cracker farmer. "Never had any disease in my life; never touched a woman nor had a local sore; my father used to run around some." There was an hypertrophy of the sternal end of the left clavicle, and an exostosis at the deltoid attachment on the left humeris; also two enlargements on the middle anterior of the right tibia. No throat, skin or other lesions.

Next a railroader. The most beautiful pink rosettes covered his whole white, Irish body; local sores had all gone.

The above trio are now well. They all took:

℞. Hydrarg. bichlorid..... gr. vj
Potassii iodidi..... ʒ ij
Succus alterans (McDade)..O j
M. Sig.—Teaspoonful in hot water after meals and at bedtime.

Locally, over exostosis, ulcers and skin they all used:

℞. Ung. hydrarg. ammon.,
Lanolin.....aa ..... ʒ j

There are two methods of treating secondary and tertiary syphilis—the mineral and the vegetable. Each has its legion of advocates and followers. Mercury is the only antidote. No, says others, the iodides do the work. Burdock, poke, stillingia, sarsaparilla and prickly-ash are the vegetable products of most note for this hydra-headed disease. Presuming that the partisans of all the above separate treatments are partially right, the safe, conservative, polypharmaceutical compound above recommended will give results which are quite satisfactory for either secondary or tertiary syphilis. Here in the South we have a constant, gentle perspiration which carries off a vast volume of water daily, and with it many morbid products. It is this constant exudation from the skin which permits us to give larger doses of mercury and the iodides than can be given in colder countries; and it is for this same reason that we can cure syphilis in much less time than can be done in colder countries. In this respect there is little difference between Florida in summer and the hot baths of Arkansas in the matter of eliminating large doses of mercury and the iodides without poisoning the syphilitic. The succus alterans is an excellent menstruum for giving mercury and the iodides, and it helps to increase their action. This was demonstrated by omitting it occasionally in the above and other cases, although when given alone there was no satisfactory result in true syphilis.

GEORGE F. CENTRE, M. D.
Jacksonville, Fla.

TRACTION OF THE CORD.

The question has often come to my mind, ought we to exert traction upon the cord in expelling the placenta? This is a question in which good men differ. It seems in my opinion, after a review of the anatomy of the uterus and the surrounding tissues, that great harm may result from fol-

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lowing the modes of expression advised by some well-known writers. The Crede mode of expression, which is followed out by a great many of us, seems to be followed many times by a change in the position of the uterus, which has a tendency towards retroversion. Were it possible to enclose the greater part of the fundus of the uterus in the palm of the hand, as in Crede's method, and by manipulation of the fingers force the placenta out, this mode of expression would undoubtedly prove satisfactory. In some women, whose abdominal walls are thin and flabby, it can be done very conveniently; but in women where the abdominal layer of adipose is in great abundance, the above-mentioned method is far from satisfactory. It has been my method to exert some traction (doing it very carefully, however,) upon the cord, and at the same time placing my other hand upon the fundus of the uterus to reveal any evidence of inversion which might occur. The results from this simple mode of procedure have been very pleasing to me. Most of us are apt to follow the ironclad rules of our instructors upon this subject, but we must each think for himself, and not be confined to the hobby of some one individual. I was instructed never to make traction on the cord under any circumstance, but I believe that is wrong. Perhaps some time in the future I may see a way which will appear to be more plausible and yield more satisfactory results than the method which I have been following. The ideas and experience of some of the readers of this worthy journal would undoubtedly be productive of great good to us all.

H. B. NICHOLS, M. D.

Pulteney, N. Y.

MOTOR-PARALYSIS.

From a practical standpoint we may say that there are palsies due to disease of the brain, such caused by spinal lesions, others induced by affections of single nerves, and finally some which must be ascribed to cachectic conditions of the system, to which category also belong those produced by the actions of certain poisons.

The first class includes the palsies due to hemorrhage, thrombosis and embolism of the brain, and all other cerebral affections accompanied by paralysis. The history of the case, the special cerebral symptoms, and the fact that in palsies due to brain-lesions the muscles retain their normal electro-muscular contractility, and that atrophy does not attack the palsied muscles, form the distinguishing diagnostic points. Besides in cerebral hemiplegia anæsthesia is usually met with on the paralyzed side, and in many forms of brain-palsies early contractures are observed.

The second class, palsies due to spinal disease, is characterized by the following: In general paraplegias are common, hemiplegias the exception; the muscles quickly lose their electro-muscular contractility, and evince the reaction of degeneration, and the affected muscles waste very early and rapidly. Anæsthesia, as a rule, in spinal hemiplegias does not attack the paralyzed parts, and sensory disturbances generally have their seat in the opposite side. Trophic disturbances and early development of bed-sores form the rule, and spinal palsies are not *followed* by contractures.

Palsies belonging to the third class are easily recognized by the fact that the paralysis is limited to one muscle, or to a group of muscles supplied by one motor nerve. Here atrophy and loss of electro-muscular contractility set in very early, except one of the few cerebral motor-nerves is attacked, but in such a case, as in Bell's facial palsy, the symptoms are so characteristic and so generally known that an error in diagnosis is not apt to occur. A great assistance in the diagnosis of palsies due to single spinal nerves is given us also by the history of the case, which, if not one of injury, is one either of pressure (as happens in the common cases of arm-palsies, where a person during a profound sleep exerts prolonged pressure upon the affected arm,) or of inflammation. In the latter case the pain following exactly the course of the nerve and the local tenderness will aid us in arriving at a correct conclusion.

The last class embracing palsies due to cachectic states and those caused by special poisons, as a rule, can be easily recog-

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nized. Thus in rheumatic palsies the history of the case assists us, while in affections like lead palsy the peculiar wrist-drop, the characteristic line around the gums, the preceding constipation and the colic betray the cause, and mistakes in diagnosis can scarcely happen.

We may say, therefore, generally speaking, that if patients consult us who are suffering from motor-paralysis of some kind, we should first convince ourselves that there is no cachectic state, or that no history of poisoning, as by lead, indicates to us one of those varieties of paralysis. If the answer is negative we see whether or not the muscles affected are supplied with motor-power only by one nerve, and if the examination reveals that the lesion must have a central origin, there remains only to be decided whether we have to do in the case presented with cerebral or spinal palsy, when an investigation must soon convince us whether the distinguishing points enumerated point to the former or to the latter.

To be sure, the diagnosis is by no means always so easy as the description thus far given may seem to indicate, but the hints contained in the above will assist the young practitioner in applying his knowledge more to the point; for a thorough study of the main characteristics of each of the four great classes of palsies will enable us, at least by exclusion, rapidly to determine to which category a case belongs. We may then, by a more detailed examination, endeavor to diagnose the exact kind of palsy before us. But it may be well again to draw the attention of the less experienced of the profession to the important fact that in all nervous diseases an intimate acquaintance with macroscopical and microscopical anatomy is a *sine qua non*. In no class of diseases is a knowledge of anatomy more essential than in the one referred to. Any physician conversant with the anatomy and physiology of the nervous system will have no difficulty in diagnosing any form of palsy coming under his observation, and the few hints here given can serve only to narrow the field to be investigated, enabling the examiner almost at a glance to recognize which variety he has before him.

An indispensable aid is offered us in electricity. Every physician knows how a healthy muscle reacts to the faradic current. Muscles paralyzed in consequence of brain disease scarcely deviate from this normal behavior. When the circuit is closed with the anode (negative pole) the contraction is stronger than if the closure is done with the cathode (positive pole), while on opening the circuit the opposite occurs. In spinal palsies the reaction is exactly the contrary, and is called reaction of degeneration, which is also met with in destructive lesions of single nerves. Concerning prognosis, electricity also gives us important information. Thus, if under the strongest galvanic current (one electrode applied to the place where the motor nerve enters, and the other electrode applied to the body of the affected muscle), on reversing the current no reaction sets in, that muscle is dead forever. Especially in infantile palsy this is a very important point to determine.

HUGO ENGEL, A. M., M. D.
Philadelphia.

A MONSTROSITY.

As a means of placing on record an addition to the interesting subject of abnormal development of the human fœtus, I offer the following, which happened in my practice.

In March, 1889, I attended Mrs. C., an Irish-American, in her second labor. There was a normal head presentation, and labor progressed perfectly natural, with the exception that the pains were rather light until the head and body of the child were delivered. When the hips were about to be delivered an obstruction was encountered which required considerable force to overcome. However, the child was soon delivered, and cried some, but rather feebly. After pulsation had ceased in the cord, it was tied and cut in the usual manner and handed over to the nurse, while my attention was given to the mother to complete the delivery of the placenta. Returning to the child it was found to be in the following condition: All above the umbilicus was normal, and encircling that point was an opaque membrane which resembled, and no doubt was, the peritoneum. Its extent was about two inches in

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diameter, and terminated rather abruptly in healthy skin.

From the right hypochondriac region emerged the transverse colon, and crossed the abdomen externally to the left hypochondriac region, where it entered the abdominal cavity.

In the centre of the abdomen, and just above the pubic arch, emerged the rectum, which curled up in the direction of the umbilicus, forming nearly one-half of a circle about one and one-half inches in diameter, where it terminated with a circular opening, with no sphincter. There was no trace of an anus; the skin covering the site was perfectly normal and smooth.

The Monstrosity.

In either groin was a scrotum and penis, the one on the right side being more fully developed, and through which the urine passed. The one on the left side was a little smaller, and through the penis at intervals blood was seen to pass.

The thighs sprang from the body at nearly right angles, which was the occasion of the obstruction during labor. From the knees to the ankles the legs passed downwards and inwards nearly to a line drawn through the centre of the body. The feet were both in a state of *talipes varus*, and there existed also *spina bifida*.

The child lived six days. Although it did not nurse, it swallowed naturally, and was fed at regular intervals; but most of the nourishment passed directly through undigested, and in consequence thereof it died from inanition. The skin around the umbilical region took on healthy granulations, and healed about one-fourth of an inch in the direction of the umbilicus. The portion of the bowels that was external to the abdomen was granular in appearance, and remained unchanged. A post-mortem could not be obtained on account of the superstition of the family.

The only accident that happened to the mother during her period of gestation was, that about the second week, as near as she could recollect, she slipped on an orange-peel and fell to the pavement, but experienced no inconvenience beyond a slight "shaking up," as she expressed it.

The cause of this peculiar occurrence is quite plain, so far as the malformation of the intestines is concerned, for it will be remembered that up to the end of the third month a portion of the intestine is external to the abdominal wall and in the umbilical cord, at which time it passes back again into the cavity of the abdomen. In this case it failed to do so, and the parietes closed, leaving this portion of the bowel outside of the abdominal cavity. The *spina bifida* and *talipes* have both been accounted for, but the arrangement of the genital organs remains to be explained. Might not the fall have caused it in the following manner? The internal organs of generation at first are a mass of cells, and there are no signs to distinguish male from female. Now, at the time of this fall, might not this mass of cells have been so disturbed and misplaced as to cause the development of a set of generative organs in the two localities? The failure to develop an anus is explained by the failure of that portion of the external layer of the blastodermic membrane, which presides over that function independent of the primitive alimentary canal, to do its usual work, it being disturbed because the anal canal is at first common to the uro-genital, as well as to the digestive organs. An autopsy, no doubt, would have thrown more light upon the subject.

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SUMMER DISEASES IN CHILDREN.

I have hurriedly put together the following thoughts, which have been gleaned from various sources. Some of the points have been jotted down from my own experience in practice. If you see fit to print this in the SUMMARY, and one brother practitioner is able to derive a practical suggestion from it, then I shall feel amply paid for my trouble. I do not propose in this short article to present anything new to the profession, but give your readers rather a resume, as it were, of what has been done and what can be done for the alleviation of the little sufferer. While no rational changes in the treatment of this class of afflictions have been made during the past year, it is believed that more rational methods prevail, and the treatment is undoubtedly more efficient than formerly.

It is a well-known fact that diarrhœal troubles, from cholera to the very mildest affection of this class, delight in filth; although not essentially filth-diseases, according to Keating, still personal cleanliness, and of the home and its surroundings, must be regarded of vital importance, and cannot be too strongly emphasized. Impure air and water are prolific sources of all types of diarrhœas, and impurities are intensified by the action of heat, while its depressing effect influences susceptibility to their action. Everything which lowers the general vitality evidently increases the liability. The water used for drinking purposes, if in the least suspected of impurities, should be filtered and boiled before it is drank. Diet is beyond doubt a direct source of this class of affections. It has been conclusively shown that the manner of feeding the child is one of the most important factors in the production of diarrhœa. It is stated that almost all the diarrhœal attacks after the age of two years can be traced to improper food. The usual mixed diet is best, avoiding everything known to disagree, all excess of the most wholesome food, and irregular meals. Over-fatigue and excess of every kind must be avoided. Adhering to fixed formulas in the treatment of any disease is bad practice. Make your combination to suit each individual case, but an outline of combinations successfully used by others may sometimes prove valuable to us, consequently I append a few, with some general suggestions.

Among the most valuable remedies which I have used for years in ordinary cases is the subnitrate of bismuth in large doses, which is best given in suspension in mucilage, with a few drops of chloroform. The latter will be found a pleasant and valuable addition to many diarrhœal mixtures.

With diarrhœa and vomiting, a combination of bismuth, ipecac and calomel will seldom fail to be beneficial. Great care must be exercised in the administration of opiates to children.

For acute gastro-intestinal indigestion in infants:

℞. Hydrarg. chlor. mit.....gr. j
Pulv. ipecac.....gr. ss
Soda bicarb.....gr. viij
Sacch. lact.....gr. ix

M. ft. chart. iv. Sig.—One every hour, followed by castor-oil emulsion, and a proper diet with wine of pepsin and elix. cinchona cal.—*Keating*.

Summer diarrhœa: If the child is seen early, precede other treatment with a laxative to remove offending matter. If the stools are yellow, homogeneous, and not very frequent:

℞. Soda bicarb.....gr. xxxvj
Syr. rhei. aromat..... ʒ iv
Mist. cretæ, q. s..... ad. ℥ iij

M. Sig.—A teaspoonful every three hours for a child of six months.

If the stools are frequent, with acid reaction:

℞. Syr. rhei. aromat..... ℥ ss
Bismuth subcarb,..... ʒ ij
Syrup acacia..... ℥ ss
Mist. cretæ, q. s.....ad. ℥ iij

M. Sig.—A teaspoonful every two hours, at the same time producing irritation over abdomen with a weak mustard draft. When the discharges are liquid, with whitish-green flakes, try some formula like the following:

℞. Pulv. ipec. comp.....gr. ij
Hydrarg. chlor. mit.....gr. ss
Cretæ præp.....gr. xxxvj

M. ft. chart. No. xij. Sig.—One every two or three hours until the stools are yellow and homogeneous.—*Louis Starr*.

DR. J. R. H———.

Philadelphia.

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Medical Progress.

Sulphur in the Treatment of Chlorosis.

Prof. Hugo Schulz (*Med. Neuigkeiten*) recommends sulphur in cases of pure chlorosis where iron has no action. In such cases the general condition is much improved by the administration of sulphur. After this drug has been given for a time the use of iron may be begun again and successfully carried out. On the contrary it is not well borne in catarrhal and inflammatory states of the gastro-intestinal tract. The form of administration is:

℞. Flowers of sulphur..... 3 ijss
Milk sugar..... 3 xxv

Sufficient for ten powders. A knife-pointful three times a day.

—*Lancet-Clinic.*

New, Safe and Sure Method to Expedite Difficult Labor.

From the experience I have had in the use of this method, I am satisfied that it is a safe, sure and satisfactory help in the delivery of difficult and retarded cases of labor, with either breech or vertex presentations. Briefly, the method consists in applying a force synchronously with the natural labor pains, by and through the hands of the obstetrician, so spread as to embrace as large a portion of the fundus of the womb as may be possible, and applied downward and backward in the direction of the axis of the pelvis. The following are directions which should be remembered and followed in making use of this method:

1. As to the position of the patient. It can best be made use of when the patient is crosswise on the bed, in nearly the same position as when the forceps are to be applied.

2. The hands of the obstetrician should be so spread as to embrace as large a portion of the fundus of the womb as possible.

3. The force should be applied when the pain commences, gently at first, gradually increasing it to the end of the pain, and should cease with the pain.

4. The force must be applied downward and backward in the direction of the axis of the pelvis.

Finally, certain precautions should be borne in mind in the use of this method:

1. It should not be used unless the presentation is a safe or deliverable one.

2. It should not be applied spasmodically by jerks, but with a gentle, gradually increasing pressure.

3. It should not be used unless the os uteri is dilated or dilatable.

Following the above directions, and bearing in mind the cautions given, this method will, I am sure, be found of great value in difficult and retarded cases of labor, and for the average general practitioner, safer than the forceps.—*Dr. M. L. Brown in Boston Medical and Surgical Journal.*

Salicylate of Bismuth in Infantile Diarrhœa.

A foreign authority, Dr. Mikhnevitch, says the *St. Louis Med. and Sur. Journal*, emphatically recommends the treatment of protracted diarrhœa in children under two years of age by the internal administration of salicylate of bismuth, after the following formula:

℞. Bismuthi salicylici.....gr. xxiv
Gummi arabici..... 3 j
Sacchari albi..... 3 jss
Terendo adde:
Aquæ destillatæ..... ℥ ij
Fiat lac. Tum adde:
Aquæ destillatæ..... ℥ vj

M. D. S. To shake well before using. To give from one to two teaspoonfuls from three to six times a day.

Each teaspoonful of the mixture contains about one-half grain of the salicylate, which represents a normal individual dose (repeated three or four times daily) for an infant aged from six to eight months. The bottle should be kept in ice or cold water, to prevent nausea, sometimes produced by the salicylate. In emaciated children the remedy, in largest doses, is apt to induce profuse perspiration, accompanied by general weakness. Hence, as soon as the sweating appears, the dose should be correspondingly diminished. In recent cases (of a few days' standing) the salicylate is useless.

Neurasthenic Headache.

Dr. Allen McLane Hamilton says that headaches are quite various as well as

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varied. The "neurasthenic" group includes a long list of irregular headaches of obscure origin, but dependent more or less upon conditions of neural weakness; many are due to eye-strain, many to ovarian or uterine disorders, but in most cases no cause can be discovered. So recourse must be had to general measures. The bromide of caffeine is often serviceable. The following formula is recommended:

℞. Ammonii carbonatis..... ʒ iij
Tinct. moschi..... ʒ vj
Spts. lavendulæ..... ℥ j
Elix. ammonii valerianatis, ℥ viij

M. Sig.—Two teaspoonfuls at a dose in water.

The most efficacious preparations for continuous treatment are those of the restorative class. A pill of arseniate of strychnine, strophanthus and quinine may be tried with expectation of great benefit, thus:

℞. Strychniæ arseniat.....gr. ss
Sem. strophanth.....gr. vj
Quinine sulphat..... ʒ ijss

M. Ft. pilulæ No. xlviij. Sig.—One or two after each meal. Ethereal acetate of iron may be administered one hour after the meal with great advantage in many cases.

Phenate of Cocaine.

Phenate of cocaine is a popular remedy with some European physicians in the place of the hydrochlorate of cocaine, being used in this form for applications to the pharynx and tonsils. The *Journal de Medecine de Paris* for April 3, 1892, gives the following formula for its use.

℞. Phenate of cocaine.....gr. xv
Absolute alcohol..... 3 ijss

Or,

℞. Phenate of cocaine.....gr. xv
Spirits of ether..... 3 ijss

For hypodermic injections, or for dropping in the ear in cases of otalgia, the following may be employed:

℞. Phenate of cocaine..... gr. jss

Sig.—Dissolve in 1½ drachms of alcohol, and add equal quantity of distilled water. Of this from 10 to 30 minims may be used at a time.

For atomization for inhalations in affections of the larynx and bronchial tubes, phenate of cocaine may be used as follows:

℞. Phenate of cocaine.....gr. jss
Menthol.....gr. iv
Dilute alcohol..... 3 ijss

One-fifth part of this solution may be employed in an atomizer during the day.

As a powder for the treatment of acute or chronic nasal catarrh:

℞. Phenate of cocaine.....gr. iij
Powdered boric acid....gr. xxx

Or,

℞. Phenate of cocaine..... gr. iij
Acetanilide.....gr. xxx

Or,

℞. Phenate of cocaine,
Menthol.....aa.....gr. iij
Powd. convallaria flowers,
Subnit. of bismuth, aa, gr. xxx

Finally the following may be employed for this purpose:

℞. Powdered tormentilla root,
Powdered coffee....aa.. 3 jss

For insufflation into the larynx the same journal also recommends phenate of cocaine, 1½ grains, and antipyrin, 45 grains.

For gastric pain the following may be given:

℞. Phenate of cocaine.....gr. ¼
Acetanilide.....gr. xv

M. Sig.—Divide into ten powders, and take one or two powders in the morning in cases of acute catarrh of the stomach or the vomiting of pregnancy.

The following may also be used:

℞. Phenate of cocaine... ...gr. ¼
Subnitrate of bismuth...gr. xxx

M. Sig.—Make into five powders. Take one powder each morning, or, in the case of gastralgia, one hour before the habitual attack of pain.

Or,

℞. Phenate of cocaine.....gr. j
Powdered condurango...gr. xv

M. Sig.—Make into ten powders, and take a powder in the morning early in case of cancer of the pylorus.

—*Therapeutic Gazette.*

The Lacerated Perineum.

Dr. T. Griswold Comstock, of St. Louis, Mo., in the *Homœopathic Journal of Obstetrics*, says:

After the completion of a labor, the ac-

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coucheur should never leave a lying-in room without satisfying himself whether any laceration of the perineum has occurred. To accomplish this properly, an ocular inspection will be required. With the assistance of the nurse, the practitioner should proceed to do it delicately, but thoroughly. If he finds a rent extending one-half or three-quarters of an inch, he should repair it at once by the introduction of proper sutures.

The following are the indications and reasons why an immediate operation should be made :

1. A woman with a torn perineum that remains ununited is emphatically an invalid, and will never be well until it is restored. "A laceration of the perineum is accompanied by a general debility, which cannot be traced to any other cause, and is only relieved when it is restored."—*Emmet.*

2. When the perineum is split, the perineal body—"keystone of the arch"—is missing. An important support of the organs within the pelvis is gone; the uterine ligaments are subjected to undue strain, the uterus tends to descend from its own weight, and with it the rectal and vesical walls are drawn down.

3. Loss of the perineum prevents normal involution during convalescence, and sub-involution is the consequence.

4. Sub-involution of the uterus affects the vagina, so that its tenacity and elasticity is lost—a very unpleasant lesion for obvious reasons.

5. If the rent involves the rectal sphincter, involuntary diarrhœa may be the result, and, what is worse, the patient may be unable to retain intestinal flatus.

6. She is liable to have either cystocele, or rectocele, uterine hyperplasia, and a tendency to abortion should she unfortunately become again pregnant.

7. If she has sub-involution of the vagina, the proper sexual functions are interfered with—i. e., pleasure of coitus—and in such cases neuralgia, neurasthenia, hysteria, general debility, and sometimes incurable invalidism follow.

8. The lochial flow coming down and passing over the torn tissues is liable to induce sepsis, followed by puerperal fever, and septicæmia, with fatal result. (Such an unfavorable turn as this is indeed rare, but it has happened, being no more or less than an instance of self-infection, or puerperal fever from an autogenetic cause.)

9. When a rupture extends, say, not more than three-quarters of an inch, it is proposed by some conservative practitioners to leave it to nature, expecting it to heal by granulation. Union here by second intention (granulation) is never complete; it is slow, and the fissure made by the rent is filled with granulations, and there is not perfect coaptation and union of tissue.

10. The obstetric surgeon takes advantage of her lying-in period, when she is necessitated to remain in bed, because it is a favorable opportunity to make the operation, and when she convalesces she is well.

11. On account of the great distention that the perineum has been subjected to during the delivery, the sensibility of the tissues at the seat of the rupture are deadened, and sutures can be introduced with but little pain.

12. In making the immediate operation no anæsthetic is required; whereas in the remote operation an anæsthetic is indispensable, it being necessary to cut away cicatrices, vivify, split tissues, etc.

Finally, if the immediate operation is not made a "golden opportunity" is lost, and from the neglect of the medical attendant the woman will be necessitated to endure the anxiety, trials, expense and dangers of a "second lying-in."

As soon as the woman reacts and is quiet, the operation may be made. As a rule it should be made within the first twelve or sixteen hours; some authorities say, "the sooner the better," after she is quiet.

Empyema—Use of Peroxide of Hydrogen.

H. F. Brownlee, M. D., of Danbury, Conn., in the *N. E. Med. Monthly*, reports a case which he says is interesting in many ways, namely, the length of time which elapsed previous to diagnosis, the degree of exhaustion present at that time, the amount of pus evacuated, and, finally, the perfect and rapid recovery of the patient.

Previous to his sickness this patient was a strong healthy man of about thirty years

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of age, but who for a few years past had indulged in rather frequent dissipation.

About December 20th he was suddenly taken very sick. The attending physician diagnosed pneumonia, and began a vigorous course of treatment, which he continued for four weeks. The pneumonia did not resolve, but the attending physician continued diligently in his efforts to bring about resolution, and at the time I saw him first, over four weeks after the beginning of the attack, he was supplied with four glasses of medicine with instructions to imbibe a teaspoonful of each every hour. Upon examination I diagnosed empyema, and demonstrated it by the introduction of a hypodermic needle.

At this time the patient was in a condition of extreme exhaustion; temperature 105, pulse hardly perceptible, respiration 48. I had him removed at once to the Danbury hospital; a small amount of ether was administered and a resection performed, removing about an inch of the sixth rib in the axillary line. An opening was then made into the pleural cavity, and two gallons of pus evacuated. I do not know the maximum amount of pus ever evacuated in a case of this kind, but I can hardly conceive of a greater amount being contained in the pleural cavity of an ordinary man. The cavity was washed out with Thiersch's sol., and two large drainage tubes placed in the wound. The patient became quite cyanotic during the operation, and required very active stimulation for several hours afterward.

So much for the case itself. Now a few words in regard to his treatment and course of recovery. For two weeks the pleural cavity was washed out every day with Thiersch's sol. The patient slowly improved, but his temperature continued to rise every evening to 102 or 103. I then substituted a solution of hydrarg. bichloride, 1-5000. This was used about a week when a very active salivation presented itself. During this time the temperature did not run so high, but still continued at about 101 to 101½ in the evening. I then began washing out the cavity with peroxide of hydrogen, and if I had done this before I would certainly have gained considerable time. I used Marchand's preparation, full strength, putting in a considerable quantity of it with a small syringe, then allowing it to escape, and finally washing it all out with a weak borated solution.

From this time my patient began rapidly to improve. The temperature fell to almost nothing, rarely exceeding 99½ at night. In two weeks from this time the discharge had entirely stopped, and I was able to recover my drainage tubes, the wound closing in a few days. He gained rapidly in strength, and in eight weeks from the day of operating he was able to return to work.

I can not say too much in praise of Marchan's peroxide of hydrogen in the treatment of this case. It kept the pleural cavity so clean that there was hardly any septic absorption, and finally prevented all formation of pus, the discharge ceasing entirely in two weeks from the time I began its use.

Specific Medication in Diseases of the Eye.

Dr. H. J. Shelley, of New London, Conn., in the *Medical Tribune*, says:

Under the above caption I shall briefly call your attention to the indications for the use of a few of our more common drugs in eye troubles. By this I do not wish to be understood as meaning a specific for a group of pathological conditions, but a specific for a given symptom, regardless of the name of the disease. Calling the affection conjunctivitis, blepharitis, iritis, etc., in my mind we have no specific for these diseases, but have specifics for the symptoms.

Having made a specialty of diseases of the eye it is probable that more of these cases fall to my lot than to the general practitioner. The results of my treatment have been uniformly good. In no case have I had occasion to give other than the indicated remedy. By the indicated remedy I mean either drugs, removal of foreign bodies, correcting errors of refraction or operation, as the case may demand.

The first drug to which I would call your attention is aconite, the indications for which are burning heat, itching with dryness of the conjunctiva, with the conjunctiva hyperæmic and œdematous, and the lids swollen, red and hard. In traumatisms about the eye it is of especial value.

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In short, aconite may well be called the sheet-anchor of ophthalmic practice.

Pulsatilla is indicated when the discharge is thick and bland; the lids stuck together in the morning, dimness of vision, lachrymation in the open air, and when the eyes are worse at night. Pulsatilla is frequently indicated in eye troubles of melancholic females suffering from uterine troubles.

Nux vomica is indicated in atrophy of the optic nerve, a paralytic condition of the lids, amaurosis from dissipation and the excessive use tobacco.

Apis is demanded when the lids are swollen, red and œdematous; when the lids are so swollen as to hang over the eye; when there is a stinging pain in the eye, with the pain worse on moving.

Where Fowler's Solution is indicated we find an eczematous condition of the lids, burning pain in the eye, a burning of the cheeks by lachrymation, and in children a great thirst, with aggravation of the symptoms at night. Fowler's Solution gives the best results in illy-nourished children. In children with light hair, blue eyes and light complexion it does especially good work.

Gelsemium will give good results where the lids are heavy, with inability to move them; dimness of sight with vertigo; dull feeling in eyes, with aching.

Sulphide of calcium is the remedy where the eyes are painful in a bright light, where there are pimples on the face and stys on the eyelids. It is also of value in ulceration of the cornea.

For bryonia we have deep pain in the eye, augmented by pressure or moving the eye; soreness to the touch or on motion; impaired vision and the patient seeing all the colors of the rainbow.

Lachrymation, with great photophobia, calls for belladonna, as do flashes of light before the eyes. It is also indicated when the eyes feel dry and stiff on motion, and when the retinal arteries and veins are much enlarged.

Among the several drugs, rhus toxicodendron is prominent, the indications for which are great swelling of the lids, with heaviness and stiffness; burning and itching of the lids, with a prickly sensation; spasmodic closure of the lids, and marked photophobia.

In adhesion of the iris, jaborani works wonders. My attention was first called to this drug by an article in one of the medical journals by Dr. K. O. Foltz. Since that time I have given it a thorough trial, and find it to be a very useful drug.

Ocular Manifestations in General Disease.

The value of specialism to general medicine is well set forth in the following extract from Dr. S. D. Risley's paper in the *Therapeutic Gazette*, for February, 1892, on "Ocular Manifestations in General Disease —A Group of Illustrative Cases and Their Treatment," a few of which are here introduced because of especial interest to the general practitioner:

The rapid growth of specialism in medicine, which in some sense characterizes the last quarter of a century, has introduced the possible danger of neglecting the adequate study of systemic disorders and general therapeutics, the tendency upon the part of the special practitioner being to confine the attention too exclusively to the local manifestation of disease, and to local measures for its relief.

The etiology of localized inflammations is by no means always clear to the mind of the most studious and experienced physician. Indeed, in a large group of such inflammations, when all has been done to reach some definite conclusion regarding their nature, he is forced to institute some method of treatment based upon one of several hypotheses, each of which he may be compelled to hunt down in turn by therapeutic means, the definite diagnosis, based largely on therapeutic results, being recorded only at the close of the case.

It is probable that no organ of the body is more liable than the eye to suffer from the localized display of the general dyscrasia. It is not only liable to direct attacks of inflammation, involving its various tissues and appendages, which are obviously due to some well-defined cause, — *e. g.*, rheumatism, malaria, struma, syphilis, etc., —but, in addition, all forms of disturbance affecting its highly-organized structures are liable to be masked, modified, or more or less definitely controlled by the presence of some constitutional malady, the

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existence of which may not be suspected, or, if suspected, is so well concealed, or so doubtfully manifested, as to baffle the most astute practitioner. It is not the purpose in this paper to discuss these complications in all their important bearings, but to present a small clinical group of typical cases to illustrate the importance of general therapeutics in the treatment of certain forms of eye-disease complicating a general diathesis.

It is equally important to recognize the complications due to the lithæmic and other diatheses. It is this close relation existing between eye-disease and the various dyscrasias which so frequently complicates the work of the ophthalmic surgeon, often removing even cases of refractive error, and defects of ocular balance from the realm of the physiologist or oculist, and placing them squarely within the domain of the therapeutist.

Case 1. *Rheumatic Conjunctivitis.*— Mrs. X., the wife of a very busy physician, consulted me, September, 1885, for a red and troublesome left eye, which had not responded to astringents. It presented the usual features of conjunctival catarrh. The bulbar conjunctiva was deeply injected, the caruncles were red and swollen, the retro-tarsal folds were thickened, and the tarsal conjunctiva opaque. There was more photophobia and lachrymation, and less mucous discharge than is usual for catarrhal conjunctivitis of such severity as was here presented. Its real nature, however, was not suspected.

She received a saturated solution of boracic acid, to be freely used, as an eye-wash. The lids were everted at the office, and a one-grain solution of silver nitrate was thoroughly applied. The treatment was varied from time to time, but in ten days there had been no favorable response. The eye was worse in every way. The conjunctival thickening had increased, the cornea was steamy and in places denuded of its epithelium. The ball had become extremely tender to the touch. The tension was normal. The photophobia increased, and the eye had become painful. The pupil dilated regularly and to large medium under atropine. The suffering was so great that she was confined to her room. All measures for her relief failed, and the prognosis seemed exceedingly grave. The most painstaking study threw no light upon the cause of this aggravating malady, and we were quite in despair. Nothing, it seemed, which promised any relief had remained untried.

At the end of her second week I left her, late in the evening, in this apparently hopeless condition. The following morning I found a flood of light in the room, my patient smiling, and, so far as the eye was concerned, comparatively comfortable.— The pain, photophobia and lachrymation had disappeared, and the ball was no longer tender to palpation. The bulbar injection was much less, and in twelve hours more was quite gone. The corneal epithelium was rapidly replaced. The explanation of this most remarkable change was found in a pronounced attack of articular rheumatism, involving the left knee, which was red, painful and swollen. The eye went on to a rapid and complete recovery. It had not occurred to either her husband or myself that the eye-trouble was rheumatic.

Case 2. *Rheumatic Asthenopia.*—Miss C., a school teacher, 47 years of age, had for several years been unable to use her eyes without causing great aggravation of an almost consant, dull, periorbital and ocular pain, which extended to the occiput.— There were no marked external appearances of disease, but the balls were tender to palpation; at times the slightest pressure over the closed lids caused decided pain. Tension was normal. She had hypermetropic astigmatism, which had been corrected three times by skillful colleagues. The correcting glasses were worn constantly, but did not afford relief. There was no anomaly of the ocular muscles. She was pallid, overworked, sedentary in her habits, and had the anxious care of an aged invalid mother. There was pharyngotubal catarrh and tinnitus, which greatly added to her discomfort. She was subject to frequent attacks of acute follicular pharyngitis. The menopause had been successfully passed, but she still suffered at intervals with flushes of heat and perspiration. Vision was normal in each eye, but there was no range of accommodation. The presbyopia was as absolute as at sixty years of age. The specific gravity of the

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urine was high, but there was no sugar or albumin.

The pharyngo-tubal catarrh was carefully treated, with much relief, but was subject to frequent relapse. She was sent to the gymnasium, daily out-of-door exercise was enjoined, her diet and hours for meals and secretions were carefully regulated, and alterative tonics were administered Her general health improved, and her eyes grew better, but were subject to frequent relapses of pain, accompanied by occipital headache, and utter inability to use them. At such times the muscular balance was disturbed but irregularly, the balls were tender to the touch and felt "sore" under movements. The choroid was woolly and the optic disk too capillary.

During an unusually severe attack, a year or more after her first visit, I suggested the possible gouty or rheumatic nature of her trouble, mapped out her diet-list, and gave her a mixture of iodide of potassium, guaicum and colchicum. She went home, took a dose of the mixture after supper, and retired as usual, but was awakened in the night by pain in her heel, so violent as to make it necessary to send for her physician, Dr. Hearn, who pronounced it a "rheumatoid" attack. She was confined to her bed and room many days, during which time she read constantly, without the slightest discomfort to her eyes, which she had not been able to do for several years. The nature of her trouble being understood, the violent attacks have been warded off by general therapeutic measures. She has learned that exercise in the open air, a trip to the country or seaside, careful avoidance of constipation, and of a too largely albuminous diet, will either prevent entirely or ward off the tenderness of her eyeballs and her pharyngeal trouble.

Case 3. *Multiple Retinal Hemorrhages, recurring periodically, probably due to Malarial Poisoning.*—Mrs. T., aged 42, consulted me, November 5, 1888, suffering from severe fronto-occipital pain and failing vision in the left eye. She was wearing compound glasses, ordered by her local oculist, who had also discovered the recurring retinal hemorrhages, and had given her a grave prognosis. She related that the hemorrhage had first been discovered after a violent headache, in August, 1888, which came on at the seashore. There had been several recurrences. She was exceedingly despondent under the opinion she had received as to the threatening nature of her trouble. On the right side vision was normal with her correcting glasses, and the eye was healthy. In the left eye vision was one-third, and the ophthalmoscope revealed numerous small irregularly-shaped, yellowish-white spots, distributed over the eye-ground, probably marking the sight of former hemorrhages, and a partially absorbed blood-clot lying directly in the macula. The patient was to all appearances in perfect health. The urine at no time revealed either albumin, tube casts, or sugar. Her physician reported retroversion and endometritis.—There were no indications of the approaching menopause. The chlorides of iron, mercury and arsenic were prescribed for internal administration, and homatropine locally. Smoked glasses were to be worn when out of doors or in bright gas-light.

Two days later she returned mentally depressed, feeling badly. The lids were puffy, and there was a sense of fulness in the left eye and post-ocular pain. There were several flame-like hemorrhages in the retina, and the entire eye-ground flannel red,—

$$V - \frac{6}{xxx}, T + (?).$$

The homatropine was omitted and a weak eserine solution substituted. In three days, November 10, she reported feeling much better. The improvement continued until December 1, when there was a recurrence of all the symptoms, a new crop of hemorrhages in the left eye, and a small one above the macula in the right. Her home was in a district known to be malarious. The probable malarial origin of her trouble was suggested, but met with a most hostile denial. She had but recently built a beautiful and costly home, and was extremely loth to admit the probability of malarial influences surrounding it.

She consented only under protest to add antiperiodic doses of quinine to her arsenical mixture, and returned to her home strongly imbued with the improbability of the correctness of my diagnosis; but the

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same evening, while in church, she had a chill, which proved to be the cold stage of a typical intermittent paroxysm. This was repeated on the fourteenth day, and unfortunately produced a new crop of retinal hemorrhages in both eyes. Thoroughly convinced now of the malarial character of her trouble, she willingly took antiperiodic doses of quinine, and consented to remain a few weeks at the seaside. She returned much improved in general health, and in the meantime the retinal hemorrhages had disappeared. She was given Warburg's tincture, and returned to her home. The headache had disappeared and vision markedly improved. There were occasional recurrences of pain, and at long intervals small extravasations in one or both eyes until the following June. The summer was passed in the mountains. The arsenical mixtures, alternating with quinine or Warburg's tincture, were taken with more or less regularity. In October there had been no recurrence of her symptoms; her health was fairly good, and she passed from under observation. On November 19, 1891, while sitting in church, where the cold stage of the intermittent had come on in 1888, she had an attack of apoplexy, and died comatose on the fourth day. No post-mortem was allowed. It is to be regretted that her life could not have been passed in some more healthful locality after the nature of her disease had become manifest. The case is painfully significant in its final outcome as to one of the possible causes of cerebral hemorrhage in malarial districts. As long as the patient remained from home, or would take considerable doses of quinine regularly, her health improved, and the ocular hemorrhages ceased to recur.

Case 4. Miss G., aged 17, was first seen September, 1889, in consultation with Dr. J. H. Pugh, of Burlington, N. J. Her home was on the banks of the Susquehanna. She had ocular and periorbital pains, which radiated to vertex and occiput. The pain was worse on the right side, and dated back to the preceding March. She had never had intermittent fever.

O. D. $V\frac{6}{ix}$, O. S. $V\frac{6}{vi}$. She had a refractive error, determined under a mydriatic, corrected by $+ 1.25 \bigcirc + .50$ c. axis vertical in each eye. In O. D. there was a granular patch of chloroiditis, situated above the nerve, irregular in outline, about the size of the optic disk, surrounded by a larger area of chloroidal disturbance, which faded gradually into the surrounding nearly healthy eye-ground. Throughout this area the details were veiled or fogged, while elsewhere the eye-ground was clearly seen. She received a mydriatic and smoked glasses, and internally potassium iodide and bromide, of each five grains thrice daily.

October 8.—The granular patch in the choroid was more definitely outlined; the fogginess of the contiguous vitreous had increased, but through it could be seen a flame-shaped hemorrhage at its lower margin. Between this date and the following April she suffered repeated recurrences of small hemorrhages around the margins of this chloroidal patch, attended with increased haziness of the vitreous, which would slowly clear up and the blood absorb, but each time making new encroachment upon the surrounding choroid, until there was a large atrophic patch lying in the upper eye-ground, but still separated from the upper margin of the nerve by a disk's width or more. Her visits were so timed that the exact interval between these successive extravasations could not be determined. She had never had intermittent fever, and rather resented any suggestion of malarial poisoning, and was much opposed to taking quinine. She, however, received a pill of pyrophosphate of iron, arsenious acid and quinine. Under this and the more favorable influences of advanced spring and summer—part of which was passed at the seashore—the eye rapidly improved, vision became normal, and in October, 1890, she was allowed to return to school, from which she had been detained for a year. The school was, however, situated in a district quite as malarious as her home.

December 13.—She reported having had no trouble with her eyes, $V\frac{6}{vi}$ in each. A large chloroidal scar in O. D., but both eyes well and general health good. One week later, December 20, she was called

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home by the serious puerperal illness of a sister. During the first night at home, and in the midst of the trials surrounding the family, she was attacked with excruciating left hemicrania, which "drove her frantic." The following morning vision in O. S. was defective. Then followed the sister's death and the depressing influence of grief. The menstrual period was passed without flow. The following January 15, twenty-three days after the hemicrania, she was seen in consultation with Dr. Pugh.

She was pallid, had a capricious appetite, and slept badly, O. D. V. $\frac{6}{vi}$—O. S. V. $\frac{6}{xii}$. The temporal field of the left eye was blind, the line of vision, however, being inclined fifteen degrees from the vertical. She had no pain, and complained only of the dim vision with the left eye. The optic nerve was completely hidden by a grayish-white infiltration of retina, which also obscured the retinal circulation far back into the periphery of the eye-ground. The summit of the swollen optic nerve, its upper and inner quadrant, could be seen with + 3 D. There was a group of small striated hemorrhages below the nerve, and near the macula a D-shaped hemorrhage, bright red, with sharp outlines, and about half the usual diameter of the optic disk. Urine, specific gravity 1030. No sugar, no albumin. She was sent to bed in a shaded room, two Sweedish leeches applied to the left temple, and syrup of hydriodic acid and corrosive sublimate 3 i and grain 1-48 were administered. In four days vision improved to $\frac{6}{ix}$ in the affected eye, but there was no notable change in the eye-ground or field of vision, and she was allowed to get up.

On January 26, V had sunk to $\frac{6}{xii}$. Again she had some headache, and there was an additional hemorrhage over the surface of the optic nerve, and only a very foggy image of the eye-ground could be had. She thought the relapse was due to exposure to the snow-light. Leeches were again applied, and the dose of her medicine increased to 3 ij and grain 1-24. February 2, menstrual flow came on normally. The eye steadily improved until February 14. O. D. V. $\frac{6}{vi}$, O. S. V. $\frac{6}{vii\frac{1}{2}}$, many letters in $\frac{6}{vi}$. The hemorrhages had absorbed and the swelling of retina and nerve had diminished.

On the night of February 17 she had violent headache with high fever. The following day, at noon, temperature 101, pulse 110. She was seen with Dr. Pugh as consultant, and the attack was regarded as an intermittent or possibly remittent paroxysm. Antiperiodic doses of quinine, 15 grains daily, were prescribed. The attack rapidly subsided, but a large plaque-like hemorrhage was found in the *right* eye, lying above the optic nerve, and almost filling the space between the lower border of the chloroidal patch and the upper border of the nerve. The quinine was continued in smaller doses, and she returned to the hydriodic acid mixture. On the seventh day from the attack of headache she had a new hemorrhage in O. S., with sense of increased tension.

A sample of her blood was now secured, and kindly examined for me by Dr. Joseph Leidy, Jr., who reported the presence of the corpuscles of Laveran, notwithstanding the fact that in two days she had taken thirty grains of quinine only a week before, and four grains daily up to the time of the examination. The dose was then increased to twenty grains daily for two days, and then continued at ten grains daily for two weeks, when ascending doses of arsenic were substituted. Under this treatment a rapid and gratifying change was observed. The hemorrhages absorbed, the swelling of nerve and retina subsided, and vision rose to $\frac{6}{vi}$ in each eye.

By March 1 the borders of the nerve could be distinguished, the swelling at the upper and inner side being last to subside. The field of vision showed a corresponding change. The upper temporal quadrant gradually improved to normal perception, but the lower temporal quadrant remained totally blind. March 15 the swelling had disappeared, leaving only a hazy retina veiling slightly the details of the eye-ground. The chlorides of iron, arsenic

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and mercury were now prescribed, and *five grains* of quinine to be taken each morning at breakfast. The ophthalmoscopic picture approximated that of health more nearly day by day, the patient increased in flesh and seemed in perfect health. In November, 1891, health good, $V\frac{6}{vi}$ — each eye, the lower temporal field in O. S. blind, and the ophthalmoscope showed the upper nasal quadrant of the nerve green and totally atrophic. The long pressure upon the retinal fibres at this part of the nerve had doubtless caused their permanent atrophy.

In this case it may be urged that the condition of the eye-ground in O. S. was produced by the sudden shock caused by the sister's death, or was in some way associated with her menstrual derangement. In reply, the history of the right eye may be urged in rebuttal of such a view, and with still more force the fact that the hemorrhages in O. S. continued to recur after the menstrual function was normally performed. The presence of the corpuscles of Laveran, the rapid subsidence of the superficial neuritis under the administration of quinine and arsenic, the periodical recurrence of the hemorrhages at approximately multiples of seven days, and her life-long residence in a well-known malarious region, leave little room to doubt the correctness of the diagnosis of the malarial origin of her trouble. The permanent lesion of the optic nerve is not the least interesting feature of the clinical picture.

Endometritis.

A paper read by Dr. Chas. P. Nobel, before the Philadelphia Obstetrical Society, presented the following conclusions:

Endometritis is due to infection. All causes of pelvic congestion act as predisposing causes of endometritis, and later tend to aggravate and perpetuate the disease.

The rational treatment of endometritis consists in the employment of those agents which lessen pelvic congestion, which assist the tissues in controlling the invading germs, and in getting rid of the results of their activity.

In typical cases of uncomplicated endometritis, dilitation and curetting of the uterus, under anæsthesis and with full antisepsis, with the subsequent application of Churchill's tincture of iodine, or pure carbolic acid, best fulfills the indications. The general condition of each patient should be studied and each indication should be met by appropriate hygienic or medicinal treatment.

The use of the hot douche, painting the vault of the vagina and the cervix with tincture of iodine, and the use of the glycerine tampon is valuable in all cases, and curative in mild cases. This plan of treatment should be employed always so long as there is any suspicion concerning the existence of salpingitis.

Intra-uterine applications by means of the cotton-wrapped applicator are valuable and safe where the uterine canal is pantulous, but are painful and of little value if that canal is constricted. Intra-uterine medication should follow curetting, not precede it; and, because of the pain it causes, it should be employed only when strictly necessary.

Careful, thorough diagnosis is very necessary. All complications should receive appropriate treatment. The most common complication—really an extension of the disease—is inflammation of the uterine appendages. Where this exists, it is of such gravity that it should be considered the disease and the endometritis a complication. During the existence of tubo-ovarian inflammations, operations upon the uterus and intra-uterine medication is contra-indicated. Should the uterine appendages be removed and the endometritis persist, it should be treated by curetting and cauterization.

For Uticaria.

Prof. Henry W. Stelwagon recommends as a local application for uticaria:

℞. Acid. carbolic..... ʒ ij
Acid. boric..... ʒ iv
Glycerini..... ℥ j
Alcoholis..... ℥ ij
Aquæ..... ad. O j

M. The systemic treatment should be the removal of the cause. Any disturbance of digestion must be corrected, if possible, and the diet should be of a simple character.—*College and Clinical Record.*

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[Original Communications.]

LOTUS-EATER DOSAGE.

Summer is the season of the lotus eater. The peculiar diseases incident to lotus eating among our shifty poor and populous prosperous classes require peculiar study and dosage.

The legend of the ancient Eastern lotus says that eating the lotus causes the stranger to forget his native country or lose desire to return to it. Nothing seems recorded of dull headache, stupor, languor, debility, flaying of throat and chest, cough, neurasthenia, neuralgia incited by indulgence in our modern house lotus. Morn, noon and eve its passionate blush is fierce as the fiery sunrise, its searching breath heavy as the sweat-odors of unwashed Ethiopia, its sottish taste a disguised suspicion of tar and smoky solace.

This summer lotus is a possession of intermittent efflorescence, a commercial bloom of clever ingenuity, an artistic radiator of rodent muskiness throughout the house air, a dusky deluder of sanitary senses and salubrity. Ensconced in dwarf form, as culinary consort to modest second and third-story room-keepers, the nude affinity of this summer lotus to stuffy summer asthmas, choking coughs, midnight choleras, nervous palpitations, is decorously veiled by the exquisiteness of its convenience and the plausibility of its innocence. But in the arenas of domestic kitchens these lotus ardors burn with unquestioned boldness, as rank enticers of uncooked meats and soggy coaxers of sullen vegetables, though helpless babes languish near at hand, purging acridness of slime and greenness in tenesmic pain from day to day, and whining out the weary nights with chafing brain-throbs and restlessness.

For these frequent physical derangements of lungs, viscera, brain, digestion and nutrition, the orthodox doctor indites and modifies formulæ for veritable pharmaceuticals, occasionally with promising success, occasionally with flagging results and growing distrusts, until natural forces lose grip and succumb, or until waning cases are conventionally shifted to the air-balm of outdoor shades, or until the brisky breezes of autumn arrive to whisk aside the folly of the household lotus and to install the winter anthracite seige. As to the treatment? Graded potions of bismuth and Dover, pepsin and paregoric, bromides and belladonna are carefully aimed against certain assaults of diseased function; for temporizing time they blunt the prickles of distress; but the reckless rub of a phosphorescent lucifer will again and again touch to flame the toxic breath of the amorous lotus, fed by lecherous draughts of carburetted hydrogen gas, by wells of lethal-scented petroleum, by magazines of flashing gasoline; and, forgetful of the renovating offices of decently clean breathing air and blood current in illness as well as in health, prescribers find their prescriptions again and anon losing their therapeutic vantage ground, because the poison of the house lotus has continued its canker to the constitution without abatement.

In the cases of sundry adults whose duties keep them much indoors, the changes are rung on billets of iron and pillets of nux, irrigated with relishes of malts and chronic beef extracts, anointed with fat of cod and coddled with blandness of anodynes, nervines, analgesines. In housed-in babe cases the dosage divides itself into blended instalments of stale milk "condensed," one cow's sterilized or starched, refinements of scientific food substitutes, peptines, 'toids and poppy. But in many noteworthy cases, notwithstanding the natural elasticity of youth, and prestige of beauty and royalty of strength, the depressant sway of the deadly summer lotus hastens the fatal day, and medicine falls in defeat.

Anent the lotus legend, our thoughtless, though shifty, indulgers in the lethan breath and singeing stench of the delusive expedient, represented as burning-gas and coal oil "stoves,"—unique contrivances for leaking volatile combustible which poisons the house air—for burning dangerous fuel in living rooms with no chimneys adjusted for carrying off the toxic carbonic oxide gases of combustion—instead of our rash or perhaps purely uninformed, or painfully misinformed, indulgers in these modern lotus ardors becoming lotus steeped with serene delights which cause forget-

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fulness of native country only, they glide to condition oblivious to earthly enjoyment, ambition and hopefulness. For several seasons they may struggle with the counter-conquests of dosages of lotus and dosages of pharmacopœa; but a gastritis or pneumonia, tuberculosis or peritonitis, malignant anæmia, cancer, carbuncle or heart-failure may be evolved from the graduated physical breakdown begun and reinforced by unwise trust in delusions of household summer lotus — and then the end!

Lotus food, however carefully culinated with gas-stove or coal oil by general housekeepers, is maliciously prejudiced by the blue and yellow flames that lick around the pan with carburreted tongues; and in degree of natural resistance only of constitutional toughness does our modern lotus eater house-air omit its insidious search-warrant for the blood corpuscle and functional health of the lotus-eater home. Hence to practically guage the dosage and combat the diseases peculiar to the lotus eater, we first wisely banish the foulsome lotus from all living-rooms, into open air outside beneath an awning, or into the back-door shed, or, wiser still, consign it to lingo, and substitute a sensible little cookstove on the back porch; then arrange appropriate therapeutics and pure air, and proceed to cure and to fame.

GEO. B. H. SWAYZE, M. D.

Philadelphia.

CHOLERA INFANTUM.

The primary disease is due to a catarrhal affection. It is an active, gastric, intestinal catarrh, and occurs during the first two years of infancy, and most commonly in summer.

CAUSES.—Bad hygiene, unsuitable food, great heat. Milk is one of the most common causes, for it takes up septic matter very quickly and is hard to keep absolutely pure. Cholera infantum is supposed to be due to disease germs, and is influenced by heat, or food, and low places.

Anatomy is that of an ordinary catarrh. Fatal cases may have anæmia of the brain.

SYMPTOMS.—Patient is irritable and feverish; diarrhœa of a mild character for several weeks (in other cases there is no premonition, clear, serous); odorless excrements, with simultaneous vomiting and retching; body presents a shrunken appearance in a few hours; mouth and eyes partly open, colon and anus become sore and excoriated; child becomes torpid, thirsty and feverish; fever remittent, rising to 102 and 104 F.; pulse 140 to 160 in the afternoon, and 100 in the morning; respiration shallow and œdema of lungs; main heat is in the colon and abdomen; rarely swollen; burning heat in forehead, and epigastrium dry; brown tongue, contracted pupils; this is due to the absorption of poisons into the blood from the intestines. The green color in the stools is said to be due to secretions from specific germs or microbes. It is epidemic and contagious. Cholera infantum may be, first, in the stomach with the bowels all right: second, diarrhœa without disorder of the stomach, or third, patient may have both.

PROGNOSIS.—Prevention: thorough disinfection stopped an epidemic in Paris. First see to the hygienic surroundings. Keep the patient cool; allow use of ice water and cold drinks; dress loosely, with wool always next to the skin; give plenty of fresh air; do not allow children out during the heat of the day.

TREATMENT.—The first indication is to render the intestinal tract asceptic. Opium in this condition means almost certain death. If the diarrhœa be simple give:

℞. Syr. rhei aromat..... ʒ ss
Potassii carbonatis.....gr. xij

M. Sig.—Give 10 to 15 min. every three hours, or after stools.

Pure milk, with pancreatine and pepsin; may use stale bread or crackers, browned thoroughly, pulverizing and using with milk. If diarrhœa is persistent use white of an egg and water (3–13), and add pepsin; to this may be added scraped raw beef, with a little salt and a few drops of brandy. If the rhei fails in twenty-four hours, then I use Prof. Waugh's remedy—sulpho-carbolate of zinc. I have had over fifty cases in which I used the above, and have not lost a patient so far. In mild cases give one-half to two grains sulpho-carbolate of zinc every two hours, with a grain or so of bismuth at the attack. The first result is that the vomiting is checked and the pain and inflammation subsides; pupils dilate, pain goes down, and temperature falls. Continue its use until stools loose their fœtid odor. If the stomach symptoms are better and diarrhœa continues, give 5 to 10 grains of sulpho-carbolate of zinc, by enema in two ounces of lukewarm water. Treat weakness by light foods, as white of egg with brandy or wine. Give teaspoonful of infusion of coffee every two to four hours, as stimulant without sugar. After the worse symptoms have passed off, treat the alimentary tract.

The above is what I have observed in my cases of cholera infantum. I have treated over one hundred cases in the last eighteen months, and have lost but two.

WILL EDGAR HOLLAND, M. D.

Fayetteville, Pa.

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Favorite Prescriptions.

We hope that our readers will take special interest in this department of the SUMMARY. We solicit practitioners to furnish us for publication with one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written *on a postal card* is a convenient way for sending. Always give them in this order, please:

1. Name of the disease.
2. The formula and directions.
3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the SUMMARY.

Gonorrhea.

℞. Salol.....gr. iijss
Oleoresin cubeb.....gr. v
Balsam copaiv. (Para).....gr. x
Pepsin (Jensen).....gr. j

M. ft. capsul. Sig.—One such capsule three or four times daily; and as an injection:

℞. Zinci sulpho-carbol..gr. ij–gr. x
Sol. hydrogen peroxid.,
10 per ct.....℥ j
M.

IN WOMEN.

℞. Creolin.....gtt. xxx
Ext. hydrast. canad. fld...℥ ijss

M. Sig.—3 ij in a pint of warm water for one injection.

CORYZA–SNUFF.

℞. Naphtalin pulv. subtiliss...3 vj
Acid borac.....3 vj
Camphor. pulv.,
Ext. violæ.....aa... ...gr. xv
Ess. rosæ.....♏ x

M, Sig.—Use as snuff.

HUGO ENGEL, M. D.
Philadelphia.

Cough Syrup.

℞. Syr. sanguinaria.....℥ j
Syr. squill comp.,
Tinct opii camph....aa....℥ ss

M. Sig.—One teaspoonful as indicated.

I prepare the syrup by macerating four ounces of the recently dried root in one quart of diluted alcohol for fourteen days; then express and filter. Add two ounces of simple syrup to each ounce of the tincture, bottle tightly in eight-ounce bottles, and keep in a cool cellar or refrigerator until wated for use. Prepared and kept in this manner the blood root is much more efficacious than either the tincture or fluid extract. The above is excellent for ordinary cough, and when combined with cimicifuga racemosa constitutes a very valuable stimulating expectorant in the cough of phthisis.

G. T. RICHARDSON, M. D.
Cayuga, Ind.

Torpid Liver.

℞. Acid. nitric.....3 j
Acid. muriatic.....3 ss
Ext. taraxacum fld., q. s....℥ iv

M. et. ft. sol. Sig.—Teaspoonful ter die.

FOR GLEET.

Gleet of six years' standing was cured entirely by the following treatment:

℞. Morphia.....gr. xi½
Pulv. ext. belladonnæ....gr. xv
Acid. tannic.....gr. xx
Zinc. sulph.....gr. xv
Aquæ.....℥ viij

M. et. ft. sol. Sig.—Teaspoonful twice a day. Also give:

℞. Oil sandal wood, gtt. xx ter die.

ONE OF THE BEST FOR GONORRHŒA.

℞. Bal. copaiba,
Spts. nit dul.....aa.....℥ j
Tr. opii,
Spts. camphor.....aa.....3 j

M. et. ft. sol. Sig.—Teaspoonful ter die.

NERVOUS AFFECTIONS.

℞. Morphia murias..... gr. ij
Spt. nit. dul.....℥ ss
Hoff's Anodyne.....3 ij
Elix. paregoric.....℥ ss
Tinct. castor.....3 vj
Spt. ammonia aromat.....3 ss

M. et ft. sol. Sig.—Teaspoonful as occasion may require.

WILL EDGAR HOLLAND, M. D.
Fayetteville, Pa.

For Scarlatina.

℞. Vin. ipecac.....3 j
Spts. nitre dul.....3 ij
Liq. ammonia acetas.....3 iij

M. Sig.—10 to 20 drops in cold water every two or three hours as required.

During the last six weeks I have treated nine cases of scarlatina and found the above prescription a favorite during the febrile movement.

T. G. STEPHENS, M. D.
Sidney, Iowa.

Send us your favorite prescriptions.

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Notes and Queries.

We cordially invite questions for this column on all subjects of practical interest and value to physicians. Brief, pointed, practical paragraphs embodying the personal experience of any of our readers will also be acceptable as contributions to this department. The SUMMARY is thus a valuable medium for the intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

Communications for this department should be written on one side of the paper only.

The QUERIES in this issue await the ANSWERS which our intelligent readers may be pleased to contribute for publication in our next

Note.

We desire to call the reader's special attention to the above standing matter in small type, and hope that many will endeavor to aid us in making this special department of the SUMMARY still more interesting. We want your questions and your replies to such as you may see fit to answer. In this way you can benefit yourself and probably be of inestimable value to some fellow practitioner.

Cystitis—Reply to Query.

Doctor Nichols, of Riverside, Cal., asks, "What is the best treatment for cystitis and urethritis idiopathic in the female?" Having recently treated a large number of such cases successfully, I would say there is nothing superior to the old standbys—buchu, uva ursi, stigmati maidis, juniper berries and spt. ætheris nit. If the kidneys act slowly or the urine is irritating linseed tea is useful in some cases, as also is ergot if the urine is bloody.

Recently an obstinate case of severe and distressing urethritis yielded to mild injections of sulphate of zinc after several other remedies had failed. If necessary irrigate the bladder with hot water, or mild astringent solutions.

J. W. LOCKHART, M. D.

St. John, Wash.

Is the Dose Too Large?

Under heading of "Class-Room Notes," in the SUMMARY for June, I noticed the following prescription, which was recommended for chronic gastric catarrh:

℞. Strychniæ sulph.....gr. j
Liq. potassii arsenitis.....3 j
Acidi hydrochloric dilut....3 j

M. Sig.—Take ten or fifteen drops in water after each meal.

Having a case which presented the symptoms of chronic gastric catarrh, and which resisted treatment, I determined to make use of the prescription. Accordingly I ordered it for a lady who lives here, but who has a brother in a neighboring town. She is accustomed to sending prescriptions to him to have filled there because, she said, being a larger town she could obtain purer drugs. When the brother presented it to the druggist he examined it and refused to fill it, remarking that there was too much strychnine, and that it would cause convulsions. I admit that the dose is pretty stout—one-twelfth grain if ten drops are taken, and larger if more is used. I may say here that I had the same prescription put up here for a colored man, also a white man, neither of whom have had convulsions.

What do you think of it, Mr. Editor? Have any of the readers of the SUMMARY had similar experience? Is the dose too large? Was there a typographical error? I have often given Gross' neuralgic pills and compound quinine pills in which the dose both of strychnine and arsenic was large, and aside from any unpleasant complications they have secured the desired result.

I have some interesting cases for the SUMMARY, but time presses me now, and I shall have to reserve them for a subsequent issue. I had quite a number of cases of diarrhea and dysentery recently, but arsenite of copper "wasn't in it."

B. RAY BROWNING, M. D.

Littleton, N. C.

[Yes, the dose of strychnine in the above prescription is too large. We would caution our readers against its use as printed, as it was evidently intended that the amount of acidi hydrochloric dilut. should have been made to read ℥ j instead of 3 j.—ED.]

We want short, practical communications on everyday subjects for publication in the SUMMARY. Remember, short sketches of cases will take very little of your time, and that the few minutes devoted to transcribing a few notes from your case-book—if you have no case-book, then a few sketches from memory—may be of incalculable aid to some brother practitioner.

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Book Notices.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Chas. E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors and collaborators. In five royal octavo volumes, illustrated with chromo-lithographs, engravings and maps. The F. A. Davis Company, publishers, Philadelphia. Price, in cloth, $15.00 for the five volumes. 1892.

We have before us the fifth annual series of this excellent encyclopedia of scientific investigations, medical thought and experience gathered during the year, and here presented in a condensed form from all the medical journals published in every language in the world.

THE USES OF WATER IN MODERN MEDICINE. By Simon Baruch, M. D. Geo. S. Davis, publisher, Detroit, Mich, 1892. Price 25 cents.

Volume one, which has already been noticed, is principally devoted to the advantages and disadvantages of hydropathy, mode of action of water, etc., while the second volume now before us treats of the technique and clinical application of hydropathy, etc. There is no doubt that water is used too little in the treatment of disease, and that it is one of the therapeutic measures that should be better understood.

MEDICAL AND DENTAL REGISTER, DIRECTORY AND INTELLIGENCER FOR PENNSYLVANIA, NEW JERSEY AND DELAWARE.—George Keil, editor and publisher, 306 Chestnut street, Philadelphia, Pa. 1892. Price $1.25.

This is a neatly printed and well bound volume of over 400 pages, and as a directory it appears to fill the bill in every sense of the word. Mr. Keil is well known to many members of the medical profession, as he was formerly employed in the office of the *Medical and Surgical Reporter* while that journal was in charge of Dr. Brinton.

Camphor-Menthol in Catarrhal Diseases. By Seth S. Bishop, M. D., Chicago, Ill. Read at the Seventh Annual Meeting of the Mississippi Valley Medical Association, held at St. Louis, Mo. 1891.

The Treatment of Tuberculosis of Bones and Joints by Parenchymatous and Intra-Articular Injections. By Nicholas Senn, M. D., Ph. D., Chicago, Ill. Reprint from *Annals of Surgery*, January, 1892.

Typhoid Fever in Chicago. By W. T. Sedgwick, M. D., Boston, and Allen Hazen, M. D., Lawrence, Mass, Price 10 cents.

Hepatic Abscess. Report of a Case, with Remarks upon the Amœba Coli. By Wm. A. Edwards, M. D., San Diego, Cal. Reprint from the *Pacific Medical Journal*, March, 1892.

Mental Improvement Following Operation on the Skull. By Hugo Engel, M. D., Philadelphia. Reprint from the *Medical News*.

Report of the Board of Managers of the Pennsylvania Hospital to the contributors, at their annual meeting held fifth month, 2nd, 1892, comprising the report of the department for the sick and wounded, and of the departments for the insane, together with the accounts of the treasurer and stewards.

My Experience with Batteries. By Rudolph von Rœmer, A. M., M. D. This reprint will be sent free on application to The Chloride of Silver Dry-Cell Battery Co., Baltimore, Md. Mention the SUMMARY when you write.

If you have not seen it, send your name and address to The Arlington Chemical Co., Yonkers, N.Y., mentioning this journal, and they will send you a very novel advertising pamphlet—*Decius Repetita Placebit;* or, better say the *Antique Ragged-Edge Pamphlet.*

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Summary Gleanings.

It is claimed that ichthyol in three to ten per cent. solutions, when used locally in the pustular stage of the eruption in smallpox, checks suppuration, hastens the drying up and prevents pitting.

Dr. Squibb recommends the use of a half of one per cent. solution of boric acid to dissolve cocaine, this amount being needed to prevent decomposition.

By beginning treatment with Ichthyo-Mentholine three or four weeks before the expected attack, hay fever can be entirely abated in the majority of cases and greatly modified in all others.

Two or three drops of tincture gelsemium every four hours for a few days, will relieve acute spasmodic urethral stricture, and enable the patient to urinate freely.

Dr. Wm. A. Hammond has written an article in the *Medical Examiner*, suggesting castration as the proper method for preventing the propagation of criminals.

H. C. Crowell, M. D., of Kansas City, Mo., writes: "It is with unfeigned pleasure that I endorse Renz & Henry's "Three Chlorides" as the most valuable of all general tonic and alterative remedies of which I make use. I have given it quite an extended trial among women who are suffering, as Goddell very aptly puts it, with "the corks and cores of life," or from worn-out ganglia. It has served the purpose, and has brought bouyancy and increased vigor and nutrition. I am highly pleased with it."

In low muttering delirium, with moist skin, one-sixtieth grain atropine, hypodermically, is beneficial.

Pyroligenous acid—common name, oil of smoke—is an excellent application to common ringworm. Apply twice a day for a week or more.

For the benefit of your patients who are frequently in need of the most nourishing concentrated food preparation that can possibly be procured, we would advise a trial of the Sarco-Peptones, a peptonized, perfect extract of beef, manufuctured and placed on the market by The Rudisch Company, New York City. Send for sample.

Tincture ergot and digitalis are sine qua non remedies in treating a heavy indolent post partum uterus, with patulous, thickened os.

Granular ophthalmia has been successfully treated by the local use of sulphate of quinine, placed with a dry camel's-hair brush on the inner surface of each lower eye-lid.

Wagner's Infant Food is an excellent article. The present is the time to make use of it for the babies during the hot weather. Give it a trial in your cases where artificial feeding is needed.

For fainting, as a rapidly acting stimulant, Prof. Hare says give alcohol, hot and concentrated, The hot alcohol acts much more quickly than cold, because the cold alcohol, before it can be absorbed, must be heated up to the temperature of the body.

Sprained ankle has been cured in an hour by showering with hot water poured from a height of a few feet.

The next issue of the SUMMARY we believe will prove to be an especially interesting one. If your name is not on our subscription list let us have it now.

An ointment of lanoline 50 parts, vaseline 20 parts, and distilled water 25 parts, is claimed to be a soothing application for itching during the eruptions of measles, scarlet fever and ckicken-pox.

Prof. Hare says that as a circulatory depressant veratrum veride is a much safer remedy than aconite, as in large doses it is an emetic.

Nothing takes the soreness from bruises and sprains as quickly as alcohol.

The Midsummer Holiday *Century* contains a number of complete stories, including "The Philosophy of Relative Existences," a ghost story which is said to reverse some of the old traditions, by Frank R. Stockton, and "The Colonel's Last Campaign," by the author of "Mr. Cutting, the Night Editor," and with illustrations by Charles Dana Gibson.

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Catarrhal Cystitis

"I prescribed Sanmetto for a patient who had been a great sufferer with catarrhal cystitis, and who had undergone for a long time the classical routine of treatment, including frequent injections into the bladder of various medicaments; but no permanent benfit was achieved till she began the use of Sanmetto, since which time she has steadily improved, and now seems entirely well. I was so forcibly impressed with its beneficial action in this case that I immediately ordered my druggist to keep it in stock, and I now prescribe it in a number of cases of prostorrhœa and in gleet with most gratifying results."—Thomas J. Bowles, M. D., Muncie, Ind.

At a recent examinaiion of applicants to the naval academy, more than one-half of some 40 who applied were rejected, owing to a diseased condition of the heart, brought on from cigarette smoking. What an astounding fact this is, and how doubly terrible it becomes, when we are told these were mere youths, averaging in age scarcely more than sixteen years.

For gonorrhœa:

℞. S. H. Kennedy's ext. pinus canadensis..... ℥ ij
Glycerine..... ℥ j
Port wine..... ℥ ij
Hpdrastia sulpo.....gr. iv
Aquæ destil..... ℥ ij

Donald MacLean, of Detroit, Mich., says of the Allison operating chair: "I regard it the most complete and convenient thing of the kind in existence, and have inspected and tried many operating chairs and tables on both sides of the Atlantic."

An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows:

℞. Acidi boracici..... 3 j
Sodii boras..... 3 j
Sodii chloridii..... 3 ss
Listerine..... ℥ ij
Aquæ puræ..... ℥ vj M.

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THE WM. S. MERRELL CHEMICAL CO. are the original, the largest and practically the ONLY manufacturers of True Salicylic Acid from Natural Wintergreen Oil; and the lack of faith—amounting to practical unbelief—in the necessity for careful specification, has enabled unprincipled or incompetent makers to market their product and supply that class of buyers who believe in something "cheap," especially if assured by interested distributors that "it is just as good."

READ THIS!

A warning key-note struck by an unprejudiced and disinterested writer in favor of high qualities and positive therapeutics.

A Salicylic Uncertainty.

The fact that a synthetic chemical gives reactions apparently identical with its native prototype does not establish identity of physiological action. Even the natural alkaloid caffeine has been shown by clinical experiment to differ in its action when derived from different plants.

Charteris and others have shown that salicylic acid obtained from oil of wintergreen differs in its therapeutic effects from that made by synthesis, and physicians sometimes insist on having the former kind, which is much more expensive.

But artificial oil of wintergreen has become quite common. It is made by combining artificial salicylic acid with the methyl radical of methyl alcohol. Now, it is said that certain manufacturers have adopted the idea of using this artificial oil for the production of salicylic acid; that is, they juggle with what remnants of conscience they may have by taking artificial salicylic acid out of a compound into which they or somebody else has put it, and calling this "acid from the oil."

This circumstance will lead to confusion as to the real source of a given salicylic acid, and we regret to have to admit that there are probably some dealers who will resort to the subterfuge of supplying "acid from the oil," when they know the oil was not the natural product. So where such acid is desired, the pharmacist must demand of his dealer a guarantee extending to the oil itself.

Editorial Druggist's Circular, May 1892.

The best dispensers always specify "Merrell's" True Salicylic Acid and True Salicylate Sodium from Natural Wintergreen Oil.

The "Merrell Co." do not sell, use or handle Synthetic Oil Wintergreen or acid made from it.

The "Merrell Co." do not "rub up" Commercial Salicylic Acid with a little Oil Wintergreen and call it Salicylic Acid from Wintergreen Oil, and recommend the "light, feathery crystals" thus produced as the "proper thing."

The "Merrell Co." do not claim that True Salicylic Acid has a "slight odor of the oil,"—for when pure and properly prepared, it has an odor peculiarly its own, but it is not a Wintergreen odor.

Crystals of True Salicylic Acid are large, firm and hard—from ¼ to ½ inch long, of measurable thickness, and much heavier in a given bulk than acid prepared "in a mortar" from Synthetic Oil and Commercial Acid.

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PILL. ANTI-DYSPEPTIC.

Strych. Sulph., 1-60 gr. Ext. Rhubarb, ¼ gr.
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Capsicum, ¼ gr. Soda Bi-Carb., 2 grs.

25 Cents per 100.

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Bismuth Sub. Nit., 2½ grs
Cerium Oxalate, 2½ grs.
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Henry Abbott & Co.,

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We take pleasure in calling to the notice of our readers Mennen's Borated Talcum Powder, as a sanitary infant powder. A combination of boric acid and purified talcum. This powder is put up in a neat, decorated tin box with a sprinkler top. The retail price is 25 cents, but, to introduce it to the profession, a full-size box will be sent, postpaid, to any physician on application.

Celerina.

Wm. K. Griffin, M. D., Daniel, S. C., says: "I was induced to try your Celerina in my own case, having been troubled with periodic attacks of neuralgia for several years past, during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of Celerina I am thoroughly satisfied with its remedial effects in this particular affliction, and am truly thankful to say its results have been most excellent and gratifying in my case. Since I commenced the use of Celerina my attacks of neuralgia have been less frequent, intervals much longer, and my nervous system greatly benefitted by its tonic influence. As a nervine I esteem it very highly, and without any exaggeration feel fully justified in saying it is an invaluable therapeutic agent, and can cheerfully recommend it to the medical profession as one of the very best nerve tonics. Pleasant, soothing and agreeable to the taste, it is emphatically a most excellent preparation, a *sine qua non* in every case."

Itching in Scarlet Fever.

This is not always agreeable, but it has never been supposed to be a favorable sign, yet St. Phillippe (*Rev. Mens. des Mal. de Lienf.*, February, 1890), according to A. F. C., in *Archiv. Ped.*, in a paper presents the following conclusions:

1. Scarlatina is a disease which is often accompanied by itching.
2. This variety usually has a favorable prognosis.
3. The itching is due to the fact that the eruption is not intense and the cutaneous lesions not very profound.

The best application for the relief of this itching, or almost any other, for that matter, is the following:

℞. Campho-phenique..... ʒ ss
Albolene unguent..... ʒ jss
M. Sig.—Apply night and morning.

Another advantage is, that is in the direction of personal disinfection.

For gaseous eructations, constant accumulation of gas, peppermint in small doses.

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MEDICAL SUMMARY,

A MONTHLY JOURNAL OF

Practical Medicine, New Preparations, Etc.

R. H. ANDREWS, M. D., Editor, P. O. Box 1217, Philadelphia, Pa.

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THE MEDICAL SUMMARY,

R. H. ANDREWS, M. D., PROPRIETOR.

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PHILADELPHIA, OCTOBER, 1892.

MUTATIONS.

Characteristic changes mark the progress of every decade. In nothing is this more noticeable than in the prevailing types of disease in a given locality. Ague, once so common in new-settled districts as to be met on every hand and in every season, is never seen; likewise erysipelas and acute polyarticular and muscular rheumatism of such frequent occurrence, and often more than a match for the skill of our fathers, have gone; the latter has been replaced by the milder chronic form. It has not been long since all the children in a neighborhood (and the neighborhoods not few) were infested with lumbricoides, and the physician at every turn was importuned to give something for worms. He became of necessity an expert on worms, and could diagnose by inspiration, although popular opinion would have it that itching and picking of the nose were unerring signs of their presence in the intestinal canal.

Places favored by oft-recurring attacks of lumbago and sciatica are now exempt therefrom. The country has better surface drainage, timber has been cut off, obstructions removed, water no longer collects to form stagnant surfaces, but rushes off, carrying away poisons and poison-generating accumulations. How this might affect lumbricoides and ascarides is not clear, habits of life not being much altered.

It would not be quite safe in a prophet to foretell the non-recurrence in America of the Asiatic cholera, yet a quarter of a century has elapsed since it prevailed as an epidemic. Pneumonia is not the open malady of the past; it has taken to itself something of insidiousness. Malarial fever is an usurper.

Again, compare the small doses of medicine we now employ with the massive potions of the fathers. Concentrations, fluid extracts, specific tinctures and fine

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elixirs superseded the magnificent decoctions, heavy powders and crude solid extracts of the early pharmacy. They served their day. We are now on the flood tide of another change, greater than any preceding it. This is an era of progression, and we are arrived at the age of minute, acurate and reliable dosology as represented by granules and triturates, made from metaloids and alkaloids, finished products of the chemical laboratory. The new list of medicinal favorites is better because the medicines are more palatable, and contain a promise of better things for the medicine-taker of the future.

THERMIC FEVER—CHOLERA INFANTUM.

To the query whether there has been any recent advancement in the popular estimate and practice of public hygiene, the gratifying result of the management of the late epidemic of thermic fever and heat-prostration is a conclusive answer; for it may be stated that never in the history of the disease has its control in the large cities been so nearly perfect, proving the wisdom of submitting the public health to the enlightened counsel and supervision of the physician.

Previously there was much less accurate knowledge on the part of the laity, and cases of heat exhaustion, with cold, bloodless surface, subnormal temperature and wavering pulse, often received the same treatment as others with a hot, radiant surface, throbbing carotids, exaggerated temperature, with a heart stroke like the blow of a sledge; ice indifferently for all, or heat and stimulants for one as well as another, and—disaster.

An approach to what is required in the way of sanitary police facilities and more perfect police surveillance, will be reached when in all considerable centres of population stations sufficiently numerous, and provided with every required equipment for resuscitation, are located so that stricken unfortunates may have aid without a moment's unnecessary delay.

It would be interesting to know to what extent antipyretics have been used, and the results attending their employment—if antipyrine fulfils the promise of a few years ago. Cholera infantum stills holds its rank as one of the most fatal maladies of infant life, over the fatal tendencies of which we doubtless have acquired better control. Frequently it develops with all its old-time suddenness and insidiousness; sometimes it wears a most deceiving look even to the wise ones, and in the end it strikes the heart of its frail little victim with deadly force. Infinitesimal doses of mercuric bichloride, minute portions of mild chloride, have been prescribed with success; hypodermics of morphine, the intestinal antiseptics, bismuth subnitrate, sulpho-carbolate of zinc, salol, and many others have come into prominence, to say nothing of the polypharmacal formulæ of the older practitioners, which were given with the consummate faith that if they did not cure sufferers would have to die. Probably the correct view of the matter is that its management in the main be committed to the practice of good hygiene, and a well-appointed dietary therapy being subordinated thereto.

It seems plain that milk shall have no place in the future dietetic provisions for the little patient; and another fact equally plain is that the age of temporizing is past, that measures for relief and cure must be promptly taken and vigorously carried out, for doubtless much of the mortality of the disease could be traced to mistaken diagnosis or lack of a definite plan of treat ment.

We want short, practical articles, therapeutic notes, favorite prescriptions, or notes and queries for publication in the SUMMARY.

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Original Communications.

Brief and practical articles, *short* and *pithy* reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the SUMMARY must be contributed to it exclusively. The Editor is not responsible for the views of any contributors.

Write *only on one* side of the paper.

DISLOCATIONS OF HEAD OF FEMUR ON DORSUM ILII.

This is one of the less frequent forms of luxation, and one that is sometimes difficult to reduce. The first case I saw was a youth of seventeen who had dislocation of the left hip, from stepping into a hole while running down hill. I met the attending physician, and while the patient was under an anæsthetic reduced the luxation by Reid's method of manipulation—at least the physician in attendance and myself were satisfied by all the usual means, including mensuration, that the head of the bone was in place. Two days later the doctor called on me and informed me that the young man, in the absence of anyone to aid him, had gotten up alone, used the chamber, and redislocated the hip. I suggested that he have another M. D. of greater experience called in with us, which was done.

We met the next day, etherized patient, and found a very well-marked luxation of femur on dorsum of ilium. The last-called physician manipulated quite a while without result; the attending one likewise. Then I was requested to try it again, and was fortunate enough to succeed in less than two minutes, the head of femur being distinctly heard to slip into the cavity of the acetabulum, while the limb slid gently down beside its fellow, with its proper length, removal of all deformity, and complete reduction.

Had I been standing *beside* the table I would also have failed in reducing the dislocation; but while they were manipulating the limb I was standing at the *head* of the table administering the anæsthetic, and from my position could see that where they both failed was from not using sufficiently forcible adduction. Our consultant stated that in a practice of nearly fifty years he had never met with a dislocation of this joint. Prompt and good recovery.

The second case was a boy four years old, who fell down a stairway in a barn and through an old rotten floor in a feed room. It was easily reduced by Reid's plan. It was the right hip.

The third case was a stout girl aged fourteen. She had fallen down a pair of mill-stairs over a month previous, and complained only of the knee being injured. The family physician found nothing wrong at the knee save bruises, and as there was no complaint of the hip he did not discover the dislocation until a month later, when, visiting another member of the family, his attention was called to the girl as not yet being able to use the limb.

On examination he then found the luxated condition, and employed strong extension and counter-extension without avail. The next day I was called to the case with him. We found a well-marked luxation of the left hip. She was fully anæsthetized, and at the second effort by manipulation the dislocation was perfectly reduced.

The fourth and last case was an old lady of seventy-nine years, who slipped on the ice at the summit of a terrace, went down the bank and fell over a stone wall at the bottom, about five feet high, sustaining a dislocation of the right hip, as well as other severe injuries. Reduction was effected by manipulation, under partial anæsthesia, but death occurred within a week, presumably from rupture of liver and injury to other internal organs.

The point to which I call attention is, that the failure in effecting reduction is liable to be from not securing a sufficient amount of adduction. Reid's plan is, in brief, to grasp the ankle in one hand and the knee in the other, flex the leg on the thigh, and adduct (strongly) over the sound limb, at the same time carrying the leg upward over the pelvis by a semi-circular sweep as high as the umbilicus; then adduct the knee gently, turning the toes outward and heel inward, with the foot across the sound leg, making gentle oscillations of the thigh, when the head usually slips in place. In all the cases above named, the head of the bone slipped in place with very slight, if any, oscillatory movement.

It is proper to say that cases are re-

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corded in which fair and thorough trials of this plan have failed to secure reduction. An interesting one is found in the "Transactions of the Medical Society of Pennsylvania for 1886," page 196, by Prof. Murdoch, of Pittsburg, in which manipulation was fully tried, and the original luxation on the dorsum ilii was capable of being changed to an ischiatic, a thyroid, and a perineal one, assuming any position save the normal one. Reduction was finally effected by extension, the surgeon placing his heel in perineum for counter-extension, while the leg was thrown over his shoulder, and extension made by a clove hitch thrown around the ankle, and drawn on by two assistants, bringing the leg inward and upward, so that the limb was drawn above and across the sound one. In case of failure by Reid's plan, this is evidently the best mode of procedure.

Cases are frequently reported in which the diagnosis is almost impossible, but in these four that I have had the fortune to meet with, it was very plainly evident in each one. They were plain, typical cases.

R. B. ELDERDICE, M. D.

McKnightstown, Pa.

FRESH AIR ANTISEPSIS.

This may be said to be the day of medical antisepsis. The more we study it, understand it, practice it, the more we believe in it. Many go to a great deal of trouble, in a complicated way, to employ antisepsis. In the hands of a chemical germicide hobbyist the exact routine is too often meddlesome and overdone. In these cases the curative impedes the cure.

Sprays, washes, douches, injections, powders, packing, bandages, napkins, pads, cottons, wools, are all made the vehicles of antisepsis for the preservation of people from germs or bacteria in the air. Caustic chlorides, fetid carbolics and iodoforms, stifling sulphur fumes, have figured aggressively as household and hospital sanitarians. The lungs have been overwhelmed, the blood and nerves depressed, the appetite strangled and stomach sickened, the nutrition curtailed and recoveries retarded, physical nature swamped and undone by excess of chemical impedimenta in the name of antisepsis.

Lysterism in surgery grew out of the miseries of hospital infection. Wounds and sores among people who live in fresh air need little or no Lysterism. It has become a fad to drench lying-in women inside and outside with caustic germicides. And because the tenaciously loving creatures pull through in living shape the enthusing accoucheur imagines it is his protective antisepsis. He forgets that true antisepsis must be furnished by nature in a natural way. Let us get down a little while to broadened consistency.

If antisepsis is necessary externally—to skin, sore, vagina, womb—it is more necessary internally, or to the blood corpuscles, which feed the organization and make up its substance. If bad or infected air be liable to poison a wound or sore (and hence the blood) in such minimum quantity as its touch during the brief exposure of a surgical operation and dressing, for instance, how much more surely will said bad air be liable to poison the entire blood current through the maximum of its continuous contact with the blood in the lungs by respiration? Where and when septicemia occurs, the weight of intrinsic proof would doubtless demonstrate that the blood of the patient was already beforehand in degenerate state through the mischiefs of breathing unhealthy air. A good preliminary course of tonic antisepsis internally in conjunction with abundant surrounding of pure fresh air would have rendered septicemic developments next to impossible.

Pure air is the great natural antiseptic, the germicide par excellence, the refreshing, efficient foe to bacterian development, the true defender against micro-organisms inside the body and outside. Lysterian antisepsis in hospitals, and feculent courts, and narrow streets, embraces undoubted merits; but we older physicians who have done faithful practice in the country know that our surgery and obstetrics were completely successful without the flummery of these special germ-trapping procedures. Even in city air, if houses are kept well ventilated and tidy, protected from the poisons of coal-gas and water-closet infection, we have most excellent results without the meddlesome obtrusives of iodoform stink and carbolic douche.

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Again, the antisepsis of pure air cannot be improved on, even hypothetically; for chemical solutions thrown into pure air never increase its purity or enhance its vitalizing elasticity, and drugged washes thrown upon clear skin and cleansed mucous surfaces never render them cleaner as normal living tissues. By and by when diligent microbe investigators get through with culture broths, and discern their inability to propagate bacteria crops in pure air, they will practically assist the public mind to better grasp the unequalled values of pure air as a true antidote for poisonous agents which generate the material for general disease.

But what moral does antisepsis discover as proof that the source of general disease is degenerate blood? Scarlatina and diphtheria, for instance, may be very light and transient disorders, or they may be malignant and terrible. Why the difference? The difference is determined by the difference between a state of comparative pureness of the blood in one case and a purulent rotting tendency of blood in the other. The same point holds as to inflammation of tonsils, ovaries, uterus, vagina, bowels, abscess, carbuncle, fevers, erysipelas, etc. Matters exuded in all decay diseases are recognized as poison, and the sheet anchor of cure is grounded in antiseptic tonic medication, antiseptic æration with fresh air, supporting reconstructive nutrition. Moreover a similar line of treatment is virtually indicated in curing all kinds of suppurative disorders—corroborative testimony that degenerate blood is the warp and woof of these expressions of disease—proof that the great antiseptic preventative is great incessant draughts of antiseptic pure air breathed into the lungs to counteract the putrefactive tendencies of worn-out material in the system. Furthermore, pure air is the only universal gaseous germicide of micro-organisms which is truly healthful in itself for constant requirements of the human system. Other gaseous disinfectants are virtually toxic when breathed in sufficient strength to sterilize air of disease-spores. A person cannot long inhale such without prejudice to vital functions. The great natural gaseous antiseptic and disinfectant is formulated thus: Oxygen, 20.6; nitrogen, 77.9; water, 1.5, + atmospheric ozone—100 parts — pure air; and this can never be improved on for steady reliance by addition of other chemicals.

GEO. B. H. SWAYZE, M. D.

Philadelphia.

NURSE'S SORE MOUTH.

Allow me through your columns to return my thanks to the brethren who so kindly came to my rescue when I asked for some cough remedy. I thanked most of them by private letter, but to those whom I neglected to acknowledge my obligation I now return my sincerest thanks. Rest assured, brethren, that if I can ever repay the kindness, I am always ready to do so.

The object of this letter, however, is to report a case—a bad case—of nurse's sore mouth, which I think will be of some interest to the brethren of the SUMMARY family.

I was called, May 17, to see Mrs. B., who expected to be confined in about two weeks, and for some time previous she had been suffering dreadfully with a sore mouth, irritable stomach, and some diarrhea. I gave her for the sore mouth:

℞. Listerine..... ℥ ij
Pot. chlor. (sat. sol.)..... ℥ iv

M. Sig.—A teaspoonful every 4 hours in some water.

For the irritable stomach I gave bismuth subnitrate ℈ j, before meals, and for the diarrhea arsenite of copper.

I did not hear any more from my patient until June 14, when I was again summoned to see her. She informed me that her baby was two weeks old, that she was attended in labor by an old midwife, and that since confinement her mouth, stomach and bowels were worse; they had improved considerably before her confinement. I put her on the same treatment as before, with very little improvement. Her mouth felt like "it had been scalded." She could scarcely retain any food, and she did not want what she did eat. I saw now that I had a severe case of nurse's sore mouth to deal with, so I went to work in earnest. By the use of cocaine, lime-water, peppermint water, creosote, carbolic acid, etc., I got the vomiting under control, when lo!

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her bowels started — a thin, serous diarrhea, which was very exhausting to her. By dint of hard work and sleepless nights I finally stopped the diarrhea, when the vomiting began again, and thus it went on, first vomiting, then diarrhea, alternating from one to the other.

My patient was now a mere skeleton, and weakening every day, so I called for a consultation. My consultant, while recommending the treatment that I had been pursuing, said that he thought a pill containing one-quarter grain of oxide of silver and one-half grain of opium would just fill the bill, and as I knew of nothing better I consented. We made thirty pills, and directed her to take one every four hours. When I went back next day she said that those pills had made her worse, and she would not take any more of them. Knowing that Listerine was a specific for mild forms of nurse's sore mouth, and also knowing the beneficial effects of fld. ext. condurango on the gastric mucous membrane, I concluded to try these two in combination, with the knowledge that my patient had but a few more days to live unless something radical was done. So I gave her:

℞. Listerine ..... ℥ ij
Fld. ext. condurango..... ℥ ij

M. Sig. — A teaspoonful before each meal.

From the first dose my patient began to improve, and in three weeks I discharged her convalescent.

This case was especially interesting to me as I had just lost two patients with the same complaint, and I had read all the literature at my command, and had held consultations with other doctors in both cases. As this treatment is something out of the ordinary line I felt it to be my duty to my fellow-practitioners and to suffering humanity to report it. If some brother who is now contending with a case of this dreadful disease will try the above, and thus save the life of some woman to her family and to society, I shall be fully repaid for writing this article.

I cannot too strongly urge on my brethren in the profession the use of fld. ext. condurango in gastric troubles. As they well know, it was once vaunted as a cure in cancer of the stomach, and as it smacks of a "cancer cure" this may account for its falling into disrepute; but for chronic gastritis and the different inflammations of the gastric mucous membranes it has no equal, in my opinion.

On June 7, 1892, I delivered Mrs. F. of a ten-pound boy, but the peculiar thing about it all was that there was a hard knot tied in the cord, about midway between the placenta and umbilicus. I now have it preserved in alcohol, and any of the brethren may see it by calling at my office. The child is living and doing well.

I also have a case of tubular diarrhea—that is, the whole mucous membrane of the intestines seems to be discharged about once every two months. Any suggestions as to treatment will be gladly received.

EDWIN H. BOWLING, M. D.

Luster, N. C.

OLIVE OIL IN IVY POISONING.

Poisoning following contact with the poison-ivy in the woods and thickets has become a very common occurrence, especially during the summer months, when pic-nic parties and excursionists roam about through the woods regardless of what they touch.

In its treatment very good results have followed the administration of the best quality of Italian olive oil, in both the severe and lighter cases of poisoning. I remember well the case of a gentleman who, to use his expression, "got poisoned if he even looked at the ivy." This gentleman was most unfortunate, for nearly every time he entered a woodland he became severely poisoned, even though he was careful as to what he touched and where he went; yet after such a visit he rarely escaped weeks of confinement at home and intense suffering.

Many remedies were used to speedily allay the terrible itching and big blisters that would form on his arms, often extending from his fingers to his elbows, and raised an inch or more from the surface.

While suffering in one of his "annual poisonings" he was advised to take large doses (four ounces) of the best Italian olive oil. The administration was followed by some improvement in his condition. In the evening the dose was re-

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peated, and continued so for several days, followed by cure.

Having obtained such good results as a remedial agent, it was thought it might also be used as a preventive, and the gentleman was thereupon given two ounces of the oil, and told to go spend the day among the vines and shrubbery of the woods, searching out all the poison vines he could find, and handle them to his heart's content. Returning home in the evening, he again took a dose of the oil, and to this day no sign of the poisoning has appeared. Similar results followed similar experiments, not only in dry weather, but also in damp, when it is known that the poisonous influences are more active. Thus, then, as a preventive, a small dose of the oil both morning and evening is of great service.

One of the happy results following the use of the oil was that it allayed the severe itching that accompanies the poisoning, and which is almost the worst feature of the malady.

The usefulness of this method of using the oil I think lies wholly in the fact that the oil exudes upon the exposed surfaces of the body, and remains there as a covering and protection to the pores of the skin, thus preventing the poison touching the skin. The same effect would probably be produced by local application to the face, neck and hands; consequently when the parts are carefully washed at night (as they always should be), both the pollen of the plants and the oil are removed.

The disagreeable feature of this mode of treatment is the nauseating feeling which usually precedes and follows the drinking of one ounce to four or more of the oil; but those who are unable to take the medicine in its raw state may somewhat improve upon its taste by adding to it some pepper, salt and vinegar, or the vinegar alone, and so make a table dressing of it to be used at meals.

It is well to remember, however, that to most people the oil and food are sworn enemies, and to attempt to mix them in the stomach will precipitate war. Hence it is best to wait at least a couple hours after taking the oil before taking food. In many cases, too, it is found that the oil takes the place of food, and that patients have no desire for anything further, unless it should be the mid-day meal. Let the SUMMARY readers give their experiences.

BURTON W. SWAYZE, M. D.

Philadelphia.

TRIGEMINAL NEURALGIA.

This is designated by several terms, with which every physician is more or less familiar, as trifaciæ, neuralgia of the fifth pair, tic douloureux and prosopalgia. This is by far the most frequent variety of nerve pain or neuralgia. As to the etiology of this very common and still more painful affection, we find there are four principal causes of this malady.

First, that of dental origin. This is by far the most frequent cause of trigeminal neuralgia, and the teeth of all patients coming to you suffering from this affection should be examined, and if no trouble can be discerned by your eye, they should be sent to a responsible dentist for his examination; and never under any circumstances should this be omitted, for it is the most prolific cause, I repeat, of neuralgia of the face. Under this head I might place nasal and ocular, which are termed reflex neuralgias, but there is hardly any reason for calling it reflex, inasmuch as it is often direct from the peripheral filaments of the trigeminal nerve.

Second, rheumatic—i. e., idiopathic. We don't know their origin. It is peculiar about rheumatic. They often come on after exposure. A person may be riding in a warm car, and on stepping out in the cold, being susceptible, finds that it is immediately set up.

Third, toxic neuralgia, especially that caused by mercury and arsenic.

Fourth, malarial neuralgia. This is so very frequent that you should always look well into a case where you are not able to find sufficient explanation. Have the patient's spleen examined, and go well into the history.

In very many cases neuralgias act as a substitute for the chills and fevers, just as convulsions do in many diseases. In Hungary there are many cases of malaria which run from sixteen to twenty years, with nothing but neuralgia as a symptom. This form is called latent neuralgia, but there is

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nothing latent about it, only that it takes a different form. It is only the ignorance of the physician that so designates it. These are the principal causes.

Now for that which is of equal importance to you and your patient—the treatment. Whatever the form of neuralgia, the treatment is pretty much the same. That which I will speak of first is counter-irritation. It makes no difference whether your patient be a man of forty or a lady of nineteen. We are often a little squeamish about the face, but it matters little, and unless some great complication arises no scar is left. In any case it is well to have an agreement with the patient. Frequently the pain is so great that he is willing to undergo any mode of treatment in order to secure relief. I consider the cautery the best counter-irritant; quick stroking with it leaves only a few red streaks and no scar. If this is not sufficient take the fine end of the cautery, go deeply in, and burn six or seven small holes in the skin. If there is much redness, some mild ointment may be applied. Should this not prove effective, then apply a good old-fashioned blister; emplastrum cantharides, freshly made and spread over affected part. It is necessary that you keep the blister open for a number of days, and this can best be done by touching the parts with a little collodion. This is very effective. Some have been in the habit of applying one to the mastoid in case they cannot apply this to the face, but it is like applying one to the knee for a pain in the toe. Apply an ice-bag over a large part of the face, particularly over that part you have not covered by the blister. It is the custom of many physicians to apply hot fomentations, but I never fail to use ice first. It is a true local anæsthetic, and it appears to be curative as well as sedative. The sooner persons drive out of their heads this superstition about the hot-bag in the treatment of neuralgias the better it will be for them and their patients.

As regards electricity, you can not begin this too early. The galvanic is the only form to use here; the faradic, being always a motor and sensory stimulant, increases the pain. Apply the anode over the part, and the cathode is to be tightly held by the patient. Use about five to ten milliamperes, and also a steady current. Don't be disappointed if at first the patient says nothing is felt, because you know your current is running. After awhile a slight burning sensation is felt which is very pleasant. There is always some immediate relief, and electricity forms a prominent part of the treatment. If you blister, leave a small place for galvanizing.

As to drugs. First of all look to the cause of the neuralgia, or your drugs will be of no avail. I never saw a case cured by tinkering with the nose (excuse the expression), for even if you remove the nasal cause, the neuralgia has been so long established that it continues. The first drug I shall mention, and one which I consider the best, is aconite, in the dose of 1-200 of a grain. This is the most powerful drug we have, and it is only safe to begin with this dose. Give it every four hours to one whose tolerance you wish to prove. Always push it and watch the idiosyncrasy. After one or two days you can increase to 1-100 of a grain every three hours for one, two or three days. Push it to its physiological effects, which are cold, chilly sensations in the feet and body, tingling in the ends of the fingers and tongue. Some people can take it astonishingly well—1-200 grain twelve times a day, i. e., two pills six times a day. There may be some cardiac disturbance, but never mind it as it will soon disappear. Let no patient take this drug, however, who is not under the immediate supervision of a physician.

Next to this drug comes gelsemium. This is second in efficiency to aconite. Fifteen drops of the tincture, in water, three times a day, gradually increased until twenty-five or thirty drops are taken. Fifteen drops are given as the maximum dose, but I have seen but exceedingly few physiological symptoms produced by this many drops, and I have used it enough to satisfy myself that I know how and when to give it. It is by no means a substitute for aconite. These are the only two anti-neuralgic drugs I know of. There are many others *said* to be, but they are not, and if you go palavering with other drugs, I will tell you, you are wasting time, besides drugs that are useful in other affections. The bromides do absolutely no

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good. They have no curative effect. They produce anæmia, and if you have to give a drug to counteract this then you had better discard them altogether.

Arsenic seems to have a good effect in some mild cases. Phosphorus acts very well in some cases. If you use it give it in the form of solution of phosphorus, prepared by Thompson, a teaspoonful to an adult, and a child correspondingly smaller. I have known several cases to resist all these drugs and more too, and yet get well under a course of iodides. Specific, you say, but I tell you that you are mistaken. Don't be forever associating iodides and syphilis together. Remember, iodides do good in other diseases besides syphilis—e. g., in asthma, after the acute stage, there is no better drug known for it. If there is one thing syphilis does not do, it is that it has no effect upon the peripheral nerves. Give the sodium iodide in preference to potassium salt, as this latter acts deleterious on the heart.

Now you will think it strange I have left opium out of the question altogether. I have because I believe in only those cases where the pain is excruciating that it is called for. I have one case recorded where a hypodermatic injection of ¼ gr. morphia quickly relieved it, and it has not returned; but these cases are very rare, and do not affect the general rule in regard to its use.

B. Ray Browning, M. D.

Littleton, N. C.

A SOUTHERN HAY-FEVER RESORT.

Hearing that hay-fever sufferers could secure immunity from that dread disease at Cloudland Hotel the writer, himself a victim, went there several weeks ago, determined to test and investigate the merits and rights of this place to the claim it makes of being the equal of the White Mountains as a temporary cure and palliative of hay fever or autumnal catarrh. Three years ago, at Manitou Springs, Col., under the very shadow of Pike's Peak, and at an elevation of nearly 7,000 feet, I experienced my first attack of hay-fever, which attack continued while I was there, and, after my return East, developed to such an extent that the entire mucous membrane, my mouth, tongue, etc., was so inflamed that not even an extent equal to a pin's point was exempt. This continued from early in September until late in October, and during all this time life was a wretched misery. I could neither sleep at night nor breathe and eat without pain in the daytime. Last year the attack came on the middle of August, but passed through its course minus the inflammation of the mouth, tongue, etc.

I have secured complete immunity here, though I am sure, from the dryness I feel in my nasal cavity, that I would be suffering violently if in a lower altitude. Victims of this annual plague to 250,000 people are pouring in from the Southern States daily, and all that I have met have either experienced complete relief or palliation. Mr. W. E. Ragsdale, the proprietor of the hotel, tells me that he has yet to see a case that has not been either cured or benefitted.

Cloudland Hotel is situated on the State line dividing Tennessee and North Carolina, on the top of Roan Mountain, 6,394 feet above sea-level. It is above Mt. Washington and the highest summer hotel east of the Rockies. The writer believes it to be the coolest summer resort in the United States. During the late terrible heated term, when the thermometer was standing at 100 degrees and over in the numerous cities of our country, we sat by log fires every evening, and at no time did our thermometer rise above 76 degrees. We can see into seven States from this point, and look down on a thousand peaks from 1,000 to 6,000 feet high. Mt. Mitchell, nearly 7,000 feet high, and the highest peak east of Colorado, stands out in bold relief in front of us. The late Prof. Asa Gray, of Harvard, pronounced this "the most interesting mountainous section in the States," and because your correspondent—himself having travelled all over our country — realizes this, and knows that there are thousands of hay-fever sufferers who would gladly shirk the old, beaten paths of the White Mountains, and welcome the explorotion of a new and interesting region if they could be sure of relief from their annual misery, he ventures to send this for publication. This place is also a favorite resort for asthmatics and rheumatics, and is considered by many to

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be superior to Asheville (N. C.) as a climate for consumptives.

FAYETTE C. EWING, M. D.

Washington, D. C.

A CRITICISM.

Many of us recall to mind the good old days away back when the circuit-rider come around once in two weeks, and preached to his little flock and had love-feast on Sunday mornings in the country school house, where the old war horses in Israel would tell their experiences and urge the new converts to get up and speak, saying an open confession is good for the soul. We certainly believe we found in the August SUMMARY such a confession, though not intentionally given as such; yet we believe it can be turned to good account for its author, and if so, we shall certainly by that means save the souls of many of his patients from prematurely entering into that country whence no traveler returns.

The M. D. to whom we refer wrote with good intention, no doubt, but we are sorry to have to say that we fear a very large amount of egotism was back of the good intention. Were this his first error we should overlook it, but his name appears in print quite often as an instructor in therapeutical lore.

If a doctor sets himself up as a teacher he must show that he is competent to instruct, or else keep his treatment of three-weeks'-old, erysipelatous babes to himself. We are always glad to have our medical brethren give us their treatment of bad cases, provided they have anything good or any new discoveries to make known; but the idea of anyone who signs M. D. after his name treating a little case of erysipelas in such a manner at this day of enlightenment, as to allow it to spread over the entire body, arms and legs of the little sufferer, so that the scrotum becomes involved to such an extent that the cord and testicle sloughs, and then to come out in one of our leading medical journals with his treatment, is beyond our comprehension. He, with all the assurance possible, tells us that he gave the baby, for erysipelas on the neck, hydrg. chlor. mit., potass. nitras, and pulv. Doveri, mix, and then fid. ext. jaborandi. This latter was of some benefit. Then alternates with the jaborandi, elixir gentian et iron, syrup sarsap. comp., elixir quinine; M.; sig—a half teaspoonful at a dose once in four hours. How is that for shot-gun, to say nothing more? Yet the three-weeks'-old babe, after a long seige — which should have been of only three days' duration—actually come out victorious over disease and treatment, though maimed for life. Oh, for an eye to see ourselves as others do us see!

FLOYD CLENDENEN, M. D.

La Salle, Ill.

REMINISENCES OF FIFTY YEARS IN THE PRACTICE OF MEDICINE.

BY ABRAM LIVEZEY, A. M., M. D., YARDLEY, PA.

INTRODUCTORY.

For the past year, as age and infirmities press heavily upon me, I have thought much of giving to the medical profession such reminisences of my practice as are more or less strongly impressed upon my mind. Preparatory to entering upon the subject, I beg leave to say that I taught and studied till I was prepared to enter the senior class in Princeton College; and I shall ever remember the christian kindness of Prof. John McClean, then the Vice President of the college, whom I subsequently found all the students loved as "Johnny."

I took the first degree in the arts (A. B.) in the summer of 1842, and subsequently, in consequence of my engaging in teaching and studying medicine, and graduating from the Jefferson Medical College, Philadelphia, in March, 1845, the degree of Master of Arts (A. M.) was conferred upon me at the commencement in August of the same year.

It will be noted that I have not yet reached my fiftieth year in medicine, but if I live I expect these papers will not be finished before that period arrives. In passing I feel that I should say I do not recollect graduating in medicine with "high honors," as all my young medical friends do nowadays, although I know of some who had to come up in the buss, having failed in their final examinations, and received their diplomas in midsum-

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mer; but Profs. Mitchell, Mutter, Bache and Meigs complimented me at the close of their respective examinations, and I was content.

I now look around about me, and of those who studied with me—went to class together, and boarded at the same house on Eighth street—Winder, Wilson, Snowden, Pearson, et al., all have gone before; and every man who was in active practice in Bucks county when I stepped upon the stage in March, 1845 is, I believe, dead or moved away, save Dr. O. P. James, of Doylestown; and there is no question but that I was the most frail, the most delicately organized, and the lightest weight of the whole number.

In these papers which I propose throwing before the profession I shall not endeavor to be precise in expression, or careful to round up my sentences, but will jot down, without recopying, such points, facts, fancies and incidents, with some prominent, interesting cases and hints, as may present themselves to me as I progress. I have no notes, no dates, and hence what I write will be strictly *reminisences* in fact, but I will endeavor to give them nearly in order and in periods of time as they occurred.

PERIOD I, 1845–1850.

It has been said, and reiterated time and again, that a young doctor should not locate at home, or in the neighborhood in which he was brought up. This did not hold good in my case, though I had been absent, studying, etc., for seven years. If a young man is well and favorably known for studious habits and good moral character, his old home (in my opinion) is just as good place for him as anywhere. Another old saying is that the young doctor should get married. For five years I heard these words before I deemed it essential to entertain them. The prominent reason generally assigned is that "you'll get more practice." This argument very frequently comes from mothers who have marriagable daughters, and I can only testify that so far as it affected my case it did not hold good, for the best practice I ever had was the third year of single life. And this is obvious to me, for these mothers and daughters necessarily felt more interest in me single than when married.

Well, Dr. Jesse Beans had departed this life just before I returned home (a large farm). Dr. Howell had gone to New Jersey, and Dr. Arnold, two miles distant, was my nearest competitor. Fees were very low—50 cents a visit, including medicines, and $3.00 for a case of obstetrics—and yet I reached a practice of nearly $1,000 the first year in an open country.

Nothing particular occurred this year to impress me, save one bad case of pneumonia, aged about 45, to whom Dr. Cernea was called in consultation. He was a Rushite in the strict sense of the term; the lancet, calomel, opium, antimony and nitrate of potassa were the sheet-anchors, the main agents to combat disease. [We all carried our bleeding-lancet in our vest pockets at that time, to combat inflammation by abstracting blood.] In my patient's case I well remember the doctor's remark about the "frosty" appearance of his tongue, which marked a grave case, and which called especially for colchicum. Pulv. colch. rad. was accordingly combined with some one or more of the infallible six and given him, and he pulled through by reason of it (I suppose) in his judgment, but in spite of it in mine. He paid but one visit, and I was glad of it. This same patient had several attacks of pneumonia in after years, and though he never got colchicum again he lived to be quite old. I invariably cupped him, blistered him, used hot applications and treated him mildly. Lobelia and ipecac then were used instead of aconite and veratrum.

The next year I remember two or three cases which have always abided in my memory. One was a delicate child—sore eyes, very puny, anæmic, etc. I gave the mother a box of Vallet's mass, ordering a small bit the size of a pea to be spread between thin slices of bread and butter. The child improved from that hour. The next case was an old, asthmatic gentleman, who lived at the base of quite a hill, upon the top of which was his farm. He had not been able to walk up the steep road for some years. The following prescription gave him breath to do so:

℞. Tinct. lobelia inflet..... ʒ j
Acid. hydrocyan. dil.....gtt. xx

A small teaspoonful ter die; one always fifteen minutes before the walk.

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The third case was one of recurrent quinsy, a merchant about thirty years of age. Ever and anon he was subject to attacks of this trouble, and he went about with his neck muffled up. I ordered his muffler to be abandoned, and his neck and throat to be thorougly laved with well water night and morning, gargling with the same. But a few years ago I met him on board a train and, introducing himself, he referred to my prescription, saying it had been worth many dollars to him, as he had never had an attack since.

[To be Continued.]

A SUCCESSFUL TREATMENT OF REMITTENT FEVER.

When called to an adult case of remittent fever, I give two grains of acetanilide every hour, as long as there is fever. Acetanilide is best prescribed in powder, and given by pouring the contents of the paper upon the tongue and then taking a glass of water. Acetanilide cools the fevered patient, reduces the pulse, quiets the nervous phenomena, increases the flow of urine, in fact, meets all the therapeutic requirements preparatory to giving quinine. Acetanilide and the other aniline preparations are generally given in too large doses and at too great intervals, with the result of toxic cyanosis, and their condemnation is from improper administration. As soon as there is a remission of fever commence giving quinine, as:

℞. Quiniæ sulphas..... 3 j
Capsicum.....gr. xij

Mix dry, and make 12 capsules. Sig.—Take one every third hour in the absence of fever.

Always prick the capsules with a pin, so as to let in the gastric fluids to dissolve the capsular contents, thus preventing the whole mass passing out of the body undissolved. The advantage of the capsicum is that it is a good febrifuge, besides it lessens the amount of quinine necessary in any given case, and it so stimulates the stomach that absorption is assured. For the cleaning out of the alimentary canal give one improved compound cathartic pill every six or eight hours to free catharsis, regardless of, or with the acetanilide, or quinine, whichever is being given to the patient. These pills will clean the tongue, relieve that organ which prevents self-poisoning from the prolonged retention of effete matter within the primæ viæ. For an efficient tonic, when the fever is gone, give:

℞. Acidi muriatici..... 3 j
Ferri citras..... 3 ss
Quiniæ sulphas .....ʒ j
Aquæ, q. s..... ....ad ℥ vj

M. Sig.—Take a teaspoonful, or less, before and between meals, in a wineglass of cold water, sweetened if preferred.

In improperly treated cases of remittent fever, on or about the fourth to the twelfth day, this disease passes into a typhoid state, and our mortuary reports here show many deaths from typhoid fever and that absurdity, typho-malarial fever, which were remittents calomeled. The fact is, at Jacksonville we never have a case of genuine typhoid fever which is not imported from States farther north, and our so reported cases of typhoid fever are nothing but paludal fevers, rendered chronic by calomel given for "torpid liver," or to "move the liver," "to regulate the bile," to excite the chylopoetic stasis, and many other absurd, non-medical, antedeluvian phrases, all denoting *ignoratio ars medendi*. This is a patent fact, known to every medical historian, that mercurials have caused more deaths in malarial and yellow fevers in the United States than did Lee and Grant in their greatest battles. Hammond, in his great order abolishing calomel from the army, saved thousands of lives, and did a grand work in protecting our soldiers from the same mercurial deaths caused by too many of our so-called physicians in this supposed enlightened nineteenth century.

GEORGE F. CENTER, M. D., M. A.
Jacksonville, Fla.

THE HEMORRHAGIC DIATHESIS IN ENTERIC FEVER.

Mr. C. died from the above in my practice, on about the twenty-fifth day of his illness. He had been doing well up to forty eight hours previous to his death; the pulse was not much above 100 at any time, while his temperature at no time was above 103½, averaging from 101½ to 100½. This patient did well until the

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twenty-third day, when his urine, which had all along been plentiful and tolerably clear, became dark and smelled terribly, while each time it was voided the color increased, until it was dark like coffee, and the odor was putrescence itself.

After the period of twenty hours the urine changed from coffee color to a pinkish hue, even staining the bed-linen. About this time epistaxis occurred of a decidedly obstinate character, requiring that the anterior nares should be plugged. Before this was done the blood trickled down the pharynx and was swallowed, inducing vomiting two or three times. With the appearance of hematuria the pulse began to diminish in volume; hiccough set in, but was not very troublesome. The nares were plugged sufficient to prevent post-nasal hemorrhage, and it did not occur thereafter to any extent. In the place of nasal hemorrhage, however, coffee-ground vomit set in, which poured forth in a stream, a putrescent and terribly offensive material. When this was not vomited, occasionally it passed off in the same form as diarrhea, not only filling the bed but running through the mattress on to the floor. The odor of this diarrhea was sickening beyond any description. So rapidly does the stomach and intestinal canal secrete this "black vomit" that it is hard to see where it all comes from. I can compare it to nothing else but the black vomit of yellow fever, as suggested by my friend Dr. S., who saw the case with me.

One peculiarity of this case—and in two other cases like it where there was no epistaxis, one a young lady and the other a young gentleman—was that there was no delirium throughout the disease. The mind remained active until the last. The treatment was the expectant and symptomatic plan. The diet was exclusively milk, with lime-water, because of a little irritability of the stomach at times.

What I wish to discuss in this paper is the condition of the patient, physiologically, from the fifteenth to the thirtieth days, during which the hemorrhagic diathesis is kindled up; or, if there is no hemorrhage, we may have a copious diarrhea of a black, watery fluid, which comes unannounced.

In one other case, a young man about 21 years of age, the diarrhea was announced by hemorrhage from the gums. These four cases were fatal. I know of nothing that will stay the life current. Only one of these cases occurred in my practice; the others in the practice of as many different physicians.

Dr. Wolfred Nelson, in an article in the *Journal of the American Medical Association* (the date of which I have lost), speaking of yellow fever, says: "Black vomit is rightly named, and shows innumerable fine particles, or flocculi, named black vomit, or coffee-ground vomit. Frequently patients, without the slightest warning, commence violent vomiting. It pours forth from mouth and nostrils, often threatening to choke the patient." Another paragraph which he writes is also interesting as applicable to patients in full health, who are the victims that suffer the most when infected with typhoid fever: "The disease (yellow fever) in newcomers (on the isthmus) in the possession of full health meant rich blood and a better culture field for the germs that destroy it, the absolute destruction of the blood being but a matter of three or four days. In one case, microscopical examination on the fourth day of the disease failed to show a single red corpuscle in the blood. The heart was driving a fluid through the vessels, one incapable of nourishing the brain tissues, * * * a fluid wholly devoid of the life sustaining oxygen, * * * and in it the debris of the corpuscles, * * * a necremia, or death of the blood."

I have made no examination, microscopically, of the blood in these cases of typhoid fever, but how closely does this description tally with the necremic condition —the black fluid which oozes from the mucous surfaces in typhoid fever, and will not coagulate; which is ejected from the intestinal canal by vomiting and purging as a black, stinking, coffee-ground material, composed in the major part of blood. Hemorrhagic material of this kind has been charged up to ulceration of the bowels. This is not so. It is due to necremia, and the theory I would advance is that the blood is destroyed by the typhoid bacilli, and that there is a period in this disease in which this septic condition is likely to take place.

After twenty-five years of observation,

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it seems to me that in all cases of enteric fever there is what may be properly termed the septic period, which exists from the twentieth day until convalescence is established permanently. I have known this septic condition to be kindled up by an indulgence in animal food, even after the fortieth day in many instances, and with fatal results. In the text-books it is called "the meat sickness." (See Pepper, System Medicine, Vol. 1.) This septic condition comes on with awful suddenness, while every part of the body seems to undergo putrefactive changes; to use an expression, "the patient mortifies alive." This putrescent condition is produced by other causes—which cannot be discovered—than the simple charge of having eaten meat, although that is a very common predisposing cause.

Dr. Nelson, in his article, speaks of his treatment in yellow fever successfully, as follows: He gave "a phosphoric acid mixture, largely diluted with water, to bring about an acid condition of the blood, to make it wholly uninhabitable to the germs. By rendering the blood acid these germs could not live and reproduce. They were destroyed in situ, and the blood ceased to be a culture field." I quote this able article, although I am well aware that other able men urge the alkaline treatment in yellow fever. Able men also urge the mineral acid treatment of enteric fever as the most successful. Mr. G. did not receive this treatment thoroughly; he was given the carbolic acid and iodine treatment.

"Specific Treatment.—The search for a specific remedy in typhoid fever is not new. It is as old as the theory that the disease is generated by a specific cause. The hypothesis that this is an alkaline poison led, many years ago, to the use of the mineral acids, and it was only after experience had shown that they were without power to cut the disease short, or even to control its many symptoms, that they ceased in a manner to be prescribed." (Pepper, System Medicine, Vol. 1, p. 336.)

On the other hand, I wish to quote from Hare, System of Therapeutics, Vol. 2, p. 329–330; subject, Malarial Diseases: "We know now that the various phenomena of malaria are caused by organisms existing in the blood in such cases. * * These organisms belong to the protozoa, the lowest animal beings. * * They resemble the monads, the sporoza, and allied forms. In the blood, and for the most part in the red-blood corpuscles, they carry on a cyclical existence, beginning as spore-like bodies and going on through an amoeboid to a segmenting, reproductive stage. * * Some of the morbid changes in malaria are traceable to a direct action of the parasites. Such are the destruction of the red-blood corpuscles and pigment formation. When an individual with malarial fever recovers, either spontaneously or under the influence of remedies, the following changes regarding the parasites take place. The amoeboid, or actively growing forms, disappear from the peripheral blood, and only large forms, with a few of the smallest, are left. Among the last to disappear are the flagellate bodies, etc. * * In spontaneous or natural recovery, we assume that the tissues or fluids, or both, of the host have overcome the parasites, or that the latter have been killed by their own metabollic products. Some or all of these processes must take place with the maturing of each generation of organisms. As the parasites increase from ten to fifteen fold, the individual would be overcome in a few paroxysms; all cases of malarial infection would rapidly become pernicious. * * The investigations of Quincke show us that red-blood corpuscles which are about to end their existence, easily fall a prey to the cells mentioned."

In speaking of quinine: "If a drop of quinine solution be added to a drop of blood containing the plasmodium, the characteristic motions of the organism cease, and the organisms assume a cadaveric appearance. We are led to consider the theory of Binz, that the drug acts directly on the cause of the disease; that a dilution 1-20000 killed infusoria—paramecium—signs of paralysis appearing within five minutes after the organisms were exposed to the poison. Quinine was more active than such poisons as salicin, morphine and strychnine. Quinine was also found to be poisonous to smaller monads, killing them rapidly in dilutions of 1-60, as did corrosive sublimate in the strength of 1-180."

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In the intestines "the bacillus coli communis is found occupying the site of every lesion of typhoid fever." (P. 269.) "In typhoid fever certain tissue degenerations are generally believed to depend upon long-continued pyrexia, and, in the opinion of many therapeutists, if these are prevented the disease will invariably pursue a benign course. An antipyretic or refrigerant treatment is, from this point of view, curative, because it is prophylactic."—Hare, Vol. 2, p. 269.

I quote this latter clause because I think it erroneous, for fatal cases often occur in enteric fever, when the temperature throughout the course of the disease is exceptionally low. I believe that every portion of the body including the blood is acted upon by the typhoid bacillus. Some cases where antipyretics are given to any extent are fatal, and I believe, if possible, that future treatment should aim to subjugate the typhoid bacillus, instead of giving medicines which impoverish the blood, as carbolic acid and the coal-tar derivatives; to reduce the temperature, excepting at the early part of the disease, when the fever runs high and the patient is "burning up"; but rather seek to enrich the blood by medicines which will enable it to resist the inroads of the bacteria.

Typhoid fever is a septic, putrid disease, even in its mild form. It has been called enterite septicemique, gastro-enterite, etc., (Pepper, Syst. Med., Vol. 1, p. 237,) because of the predominance of its distinctive traits in various outbreaks. Its prominent symptoms are delirium, diarrhea, vomiting, tendency to coma and epistaxis, and hemorrhages. It is a disease of relapses and complications, a disease to which every individual organ of the body falls a prey—the lungs, liver, spleen and kidneys. Renal and hepatic symptoms, as far as structural changes, take place towards the close of the disease. The liver is severely affected in patients living in the uplands and mountains of New England, and the disease is more protracted than in the lowlands. The icteric skin and yellow sclerotics are evidences of organic change in the liver. This may be due to enlargement of the organ (fatty degeneration), or septicemia, or both. In cases where the liver is but little affected, an attempt is made by it to eliminate the morbid materials, as witnessed towards the close of the disease, by a copious bilious diarrhea, and sometimes by severe bilious vomiting, from which the patient emerges in better condition for recovery, and this I believe naturally prevents septicemia.

The question I ask is, what can be done to eradicate the poison which induces this disease? It is an old question. Can we eradicate the typhoid bacillus? I have no specific to offer. Quinine will not do it, but I believe that the mineral acids, the tincture of iron, and the administration of the sodium chloride in the milk daily, are means which will aid in overcoming the septicemia. In the mountain districts the bowels are fomented with the wild indigo, baptisia, which the residents claim to be specific in ulceration. The tincture is also given internally with good results in drop doses. The tincture of eucalyptus has a good report, but I have never used it. I believe in starting up the enunctories with calomel in the beginning of this disease, and also in the proper and liberal use of morphine to allay nervous symptoms. I have said before that an alcoholic solution of phosphorus was excellent in averting the septic condition of pneumonia. I have not been able to try it in my cases this summer. I have given it as a prophylactic in the family of Mr. G., and hope to avert further illness there.

Gentlemen of the profession, let us see if we can reduce the mortality in this disease.

W. V. WILSON, M. D.

West Haven, Conn.

A FEW CASES—TESTING PREPARATIONS.

UUG. BENZOIN CO. (SHIRK'S.)—A case of chronic eczema of the scalp, back part of the head. A young girl nearing the age of "sweet sixteen," had long been afflicted with an eczematous eruption, for which her mother had tried homœopathic remedies internally and externally to no purpose, and I had given her several of my best prescriptions from my note-book, which likewise failed. Hearing I had cured Mrs. Ely of a similar affection, she wrote me while sojourning in Florida last winter to send her some of the ointment I had given Mrs. E. Upon my return I got

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some of the above unguent, and I lately saw the happy young miss—with a fine head of hair—who reported herself cured.

PAPOID.—This "vegetable pepsin" is being forced upon the notice of the profession very strongly, and, having never seen much good from pepsin, I resolved to try it. The case was previously diagnosed by a doctor as one of flatulence of the stomach only, and he prescribed pil. assafœtida. When I returned home she consulted me, and I diagnosed her case as one of acute dyspepsia—all food hurting her; fermentation, or at least flatus, was rapidly evolved; epigastric region very much puffed out; she thought she had a tumor—was sure of it, etc.; could not bend or stoop forward, could not use the washboard in washing, etc., etc. I gave her powders of papoid and boracic acid—papoid and charcoal chiefly—and she was speedily relieved.

LIQUID PEPTONOIDS AND LACTOPEPTINE ELIXIR, BISMUTH AND STRYCHNINE.—Some two months subsequently, the above patient sent for me again, stating that she was exceedingly weak, though she had a reasonable appetite; no distress after eating, but the "lump" was still there! I put her on the peptonoids, with cocoa, one tablespoonful five or six times a day for two days, and then a dose say about 9.30 a. m., and 3.30 and 9 p. m., with a teaspoonful of the above-named lactopeptine elixir after meals. Improvement took place at once, and I ordered a wineglassful of Wyeth's Liquid Malt at meals in addition, and the old three-score-and-ten lady is now quite an active girl, and the "lump," which has been a scarecrow for six months or more is gone! It is pleasant to find something prompt in the medicines which one prescribes.

I have been a very weak man myself this summer, with poor digestion and loss of flesh, and I have personally derived much benefit from the above prescriptions, which caused me, in part, to prescribe them for this old lady.

A SKIN CASE.—A colored man; arms and body covered with large, elevated, hard, irregular, lumps or nodules, dry and itchy, particularly after getting in bed. Cannot name the cutaneous affection, as it was not squamous, vesicular, pustular, nor ichthyosis—only solid, irregular elevations of the cuticle. I mention it simply to say that a strong solution of hyposulphite of soda, applied by means of a bit of sponge, very promptly caused the lumps to flatten, soften, absorb and disappear, leaving spots or discolorations different from the surrounding skin. When he was about well, he came after medicine for his wife, who, he said, was similarly afflicted, with sores also, about the vulva. I gave the same salt for the eruption, and boracic acid in fine powder for a local application to the vulva. A second prescription cured.

PAPOID AND SODA TABLETS.—I have been much pleased with these tablets in cases of slow digestion attended with flatus. I have derived positive and prompt effect from them, which I never did from pepsin alone or in combination.

ABRAM LIVEZEY, M. D.

Yardley, Pa.

CYSTITIS.

Since writing my last note for the SUMMARY I have cured a bad case of chronic idiopathic cystitis, with bloody urine, in a male patient, after the old stand-bys had failed, by washing out the bladder every other day for two weeks with a solution of half an ounce of hydrogen peroxide in one pint of warm water.

That the red color of the urine was due to the coloring matter of blood was proven by the peroxide of hydrogen and guaicum test. Gallic acid and lead acetate had no appreciable effect on the quantity of blood and mucous secreted. Fld. ext. ergot diminished the blood perceptibly, but had no effect on the amount of mucous. Acetate of potassa, buchu, uva ursi, balsam copaiba and turpentine had no other effect than to slightly increase the amount of urine and diminish the amount of urethral pain. Under buchu, hydrangea and ergot there was, for a time, considerable improvement. Linseed tea seemed to ameliorate some of the more urgent symptoms. A relapse determined me to try the hydrogen peroxide, and with the happiest results. Since the urine has been free from mucous I have been unable to discover albumen, sugar, or any other abnormal substance.

I find the peroxide of hydrogen very useful in all cases where an asceptic condition is essential. In the cleansing of wounds and ulcers it is superior to iodoform, aristol, and boracic acid solutions, and should be used in all such cases when the use of the bichloride solutions are inadmissible.

J. W. LOCKHART, M. D.

St. Johns, Wash.

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Medical Progress.

Turpentine in Typhoid.

It is an extensive practice and almost an universal rule to treat typhoid, so far as medication is concerned, on the antiseptic and antipyretic plan; and in regard to the antiseptic used, turpentine seems to stand at the head of the list. Many others, of course, have their advocates. The condition of affairs and array of symptoms in a regular case of typhoid seems to be peculiarly met by the physiological action of turpentine.

It is hardly probable that turpentine passes down the alimentary tract, as is generally supposed, and acts locally on the inflamed Peyer's patches, for it is well known that the stimulating effect of the turpentine is felt and realized long before the agent has time to travel several feet down the intestine and reach the seat of the lesions. It is probable, and even likely, that a small portion of it may do so, but the amount must necessarily be so small that the good effect from the turpentine is brought about in a different way.

I do not believe that typhoid should be considered to dwell alone in Peyer's patches; the nervous system is prostrated, especially the sympathetic. The secretions, and they are governed by the sympathetic, do not continue with the usual vigor. The mouth is dry, stomach often nauseated and the bowels tympanitic and full of gas—all, we imagine, due to the lack of proper secretion.

Turpentine is a good stimulant to the sympathetic, for under its use the mouth becomes moist and the tympanites relieved. If the secretions of the intestines, both mucous and serous, be aroused by turpentine (which we assume to be a fact), the gentle vermicular action is facilitated, and as a result the gases are either not generated, or else they are expelled or absorbed, and the pliant coat of the bowel is not so subject to extensive ulceration and inflammation.

The proper amount of turpentine in any case has to be determined by the effect it has in that particular case, for the state of the secretions is the guide to the amount used. It is well enough to bear in mind that turpentine sometimes deals harshly with the kidneys and brain, and in some instances it seems to be poisonous to the whole system, and cannot be borne at all. When such is the case its bad effects may be overcome by combining it with other suitable remedies. For example, the following will illustrate:

℞. Spts. turpentine..... ʒ jss
Powd. acaciæ,
Sach. albæ.....aa..... ʒ ij
Tr. opii camph.,
Listerine,
Aquæ camphoræ,
Aquæ cinnamomi....aa.... ℥ j
M. ft. emulsion.

The opium, benzoic acid, ol. anise and camphor protect the kidneys, and at the same time the opium and camphor support and quiet the brain and nervous system. The listerine keeps the stomach in good condition, while the eucalyptus it contains acts as a febrifuge tonic.

With turpentine as the chief, and the other named remedies to corroborate and correct, I find it to be good medication in typhoid.—*Dr. J. J. Waller, in So. Medical Record.*

Convulsions in Children.

Prof. J. E. Winters, in *Med. Record*, says that a safe rule in all cases is to see that the stomach and alimentary canals are emptied. For this, give a full dose of ipecac, repeating in ten minutes if necessary. If this fails to bring on vomiting, tickle the fauces till successful. Give a copious enema, and follow with a half-ounce dose of castor oil. After purging, give chloral until relief is obtained. For a child two years of age, ten grains in a little water can be given per rectum. A child two years of age will stand half the quantity. Morphine may be used if the convulsions are due to uræmia. If scarlet fever or measles is coming on do not purge too freely, as it delays the eruption. The popular hot bath should be used with caution. If the cause of the convulsions is the advent of an infectious disease, it may do good, as it brings the blood to the surface of the body and relieves internal congestion. If the convulsions are due to

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central lesions, when treatment is of no avail, the hot bath may possibly be used for the consolation of the parents.

Salophen in Acute Rheumatism.

From recent reports it appears evident that this new organic compound, acetyl-para-amidosalol, or salophen, is to take a very high place in therapeutics, not only in acute rheumatoid maladies, but in those in which a principal object of treatment is to secure an undisturbed and continuous intestinal antisepsis, without risk of injury to the patient.

The *New York Medical Journal*, of July 30th, 1892, contains an article on salophen, written by William H. Flint, M. D., of the Presbyterian Hospital, which foreshadows some of the excellent effects which may now be expected from this extraordinary new remedy. Dr. Flint says that during his summer hospital service he caused salophen to be administered to all cases of rheumatism, and that he was so well pleased with its action that he "desires to make known to his confreres the advantages of salophen treatment, hoping their results may be as happy as his own."

The author presents detailed reports of six cases of acute rheumatism treated with salophen in fifteen-grain doses, given dry upon the tongue, and swallowed with cool water, every three hours, and with sodium bicarbonate, in ten-grain doses, administered in the same way thrice daily.

Dr. Flint's conclusions concerning the results obtained are stated by him as follows:

"From the above given histories it will be seen that in all the cases except the last the pains were quite relieved, the redness dispelled, and the temperature reduced to the normal point *on the second or third day of treatment*. In the exceptional case the patient may have exaggerated the intensity of her pain to prolong her stay in the hospital, but no objective symptom persisted after the seventh day of treatment. It is probable that a speedier result may be safely obtained by the use of larger doses, or of the same doses at shorter intervals. In none of the cases was the heart's action weakened, or was the digestion impaired by the remedy. The urine was unaffected by the treatment."

The writer concludes that "we possess in salophen a remedy equally potent as the other salicylates to control the symptoms of acute rheumatic arthrites, but devoid of their tendency to weaken the heart's action, to disturb the stomach, and to produce albuminuria and smoky urine."

It will be observed, as hinted by Dr. Flint, that he might, had he so desired, have used larger doses of salophen, as, indeed, others have done; but many will agree that our best and most lasting results are often obtained with medium or small doses.

Dr. Flint adds: "It is the writer's purpose to conduct a series of experiments with a view to ascertaining whether salophen may be made available for securing intestinal antisepsis." The profession will be glad to learn of this intention, not only on account of the author's well-known reputation in the treatment of gastro-intestinal maladies, but because other observers have already spoken of the value of salophen in such formidable affections as gastrectasis, and other severe conditions of which abnormal fermentations constitute a symptom.

Rusting of Surgical Instruments During Sterilization.

Dr. William A. Edwards, in the *Pacific Medical Journal*, says having been so annoyed with the rapid rusting of instruments during the process of sterilization that he has communicated with some prominent gynæcologists and surgeons, and ventures to quote from their communications.

Hunter Robb, of the Johns Hopkins Hospital, Baltimore, writes as follows: "We have our instruments heavily nickel plated, and when they are sterilized by steam they are wrapped up in towels and lifted out of the sterilizer about fifteen minutes before required for the operation. They are then placed in glass bowls containing hot distilled water. In this way they do not come in contact with the air after being in the sterilizer. Occasionally, even with this precaution they will rust, but this is, in our experience, a very unfre-

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quent occurrence. I have found it a very good plan to make small bags out of toweling, with a string at the top like a gathering string; by this means they can be lifted out and then placed in basins or glass bowls containing the hot water. The bags can then be opened, and the instruments immediately submerged in the water. As soon as the operation is over the instruments are cleaned with soap and water, and dried. I suppose that about once in every five or six months we find instruments will rust even with this treatment."

Henry R. Wharton, Surgeon to the Children's Hospital, Instructor in Clinical Surgery and Asst. Surgeon to the Hospital of the University of Pennsylvania, says:—"Boiling metal instruments in soda solution seems to be one of the latest fads, but I really do not think anything but nickel plating and absolute dryness will prevent rusting."

John B. Deaver, Surgeon Philadelphia German and Presbyterian Hospitals, says: "We sterilize our instruments in a bicarbonate of soda solution; this prevents rusting."

The E. A. Yarnall Co., of Philadelphia, prominent surgical instrument manufacturers, writes as follows: "In the use of the steam sterilizer, if a solution of liquid potassium, two ounces to one pint of water, is used, and about 212 degrees of heat reached, and about fifteen minutes allowed for the tank to attain the steam temperature, and about half an hour for sterilizing, rust should not appear on the instrument, observing, however, not to allow a rusty instrument to rest against a clean one, as the latter will be spoiled in spite of the solution. Carbonate of soda has also been recommended, as it is cheaper, and we believe gives equally good results."

Miss Louise Parsons, of St. Thomas Hospital, London, late Superintendent of the Training School, Hospital of the University of Maryland, Baltimore, who is now in my private hospital, says "that in the institutions with which she has served, instruments are sterilized by immersing in a boiling soda solution which was brought to the boiling point before the instruments are introduced, and rusting does not occur. In the last institution mentioned, steam sterilization is not used for surgical instruments."

Class-Room Notes.

Prof. Hare said that sugar of milk is a decided diuretic; that in dropsy (either renal or cardiac) sugar of milk, ℥ j in a pint of water, taken during the day, will cause profuse diuresis.

Prof. Henry W. Stelwagon gave the following prescription for an ointment for a case of scabies:

℞. Sulphur. præcipitat..... 3 ij
Beta naphthol.....gr. xx
Balsam Peruvian..... 3 j
Adipis.....ad. ℥ j
M.

For acute anginose sore throat, Prof. Hare recommended the use of a gargle, the formula of which is as follows:

℞. Ext. rhus glabræ fluid..... ℥ ss
Potassii chlorat..... gr. lxxx
Aquæ..... ℥ iv
M.

For a case of hystero-epilepsy in a man aged forty-five years, Prof. Wilson prescribed sultonal in five-grain doses three times a day, and directed that the patient's secretions be kept active. He must not become constipated, and should be as much as possible in the open air.

In order to prevent the unpleasant head symptoms that usually follow the administration of large doses of quinine and salicylic acid, Prof. Hare said that large doses of the bromides may be given at the same time, and will usually be effective.

For the treatment of erythema intertrigo, Prof. Henry W. Stelwagon recommended the following lotion as a very good one:

℞. Pulv. calaminæ,
Pulv. zinci oxidi.....aa..... 3 j
Glycerinæ..... 3 j
Alcoholis..... 3 ij
Aquæ..... ℥ viij
M. If the case is an obstinate one attention should be paid to the general health.

Prof. Hare said that pilocarpine is of most good in renal dropsy, and is of least good in cardiac dropsy. For acute suppression of urine he recommended the ad-

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ministration of minute doses of pilocarpine, 1-30 to 1-60 of a grain.

Prof. Hare said that chlorate of potassium used as a mouth wash is the very best remedy that can be used for stomatitis, and recommended the following preparation:

℞. Potassii chlorat.....gr. xxx
Tinct. myrrhæ.....♏ xij
Elixir calisayæ, q. s.....ʒ iij
M. Use as a mouth wash.

For a case of acne in a young man about twenty years of age, Prof. Henry W. Stelwagon prescribed the following treatment:

℞. Sulphuris,
Ichthyol.....aa..... ʒ j
Vaseline..... ʒ j
M. Apply locally at night. Previous to applying it, wash the face with hot water and soap (preferably sapo viridis). Then rub the ointment in well with a piece of flannel. Any vicious habits of digestion that the patient may have should be corrected.

For a case of supra-orbital neuralgia in a woman forty-two years of age, who was very anæmic, Prof. Hare prescribed the following treatment: Give cod-liver oil at least an hour after meals; begin by giving ʒ j three times a day, and increase the dose to ʒ iij or iv three times a day; and:

℞. Phenacetine.....gr. v
Three times a day.

For a case of migraine in a woman about forty years of age (the attacks having recurred once a month at the close of the menstrual flow ever since her early girlhood, and for some time past, the attacks having also occurred between the menstrual periods), Prof. Wilson prescribed the following:

℞. Ergotinæ.....gr. iij
Ext. cannabis indicæ.....gr. ⅙
Strychninæ sulphat.....gr. 1-60
M. In pill three times a day.

She was also given the following laxative mixture:

℞. Aloin.....gr. ⅙
Tinct. nucis vomicæ,
Einct. belladonnæ,
Tinct. physostigmatis, aa ♏ viij
Ext. cascara sagrada fld., ♏ xxv
M. Three times a day.

The patient stated that she had been treated by inhalations of nitrite of amyl, and also by hypodermic injections of morphia, with very little permanent effect.

—*College and Clinical Record.*

Cimicifuga in Uterine Disorders.

Dr. Boardman Reed says that ten to thirty drops of the fluid extract after meals are used to cure seminal emissions. This has rarely failed in my experience. Half a grain to a grain of the resinoid, cimicifugin, twice a day, has occasionally been found useful in conditions of nervous depression, hysteria and incipient melancholia. Five to twenty drops of the tincture, several times a day, have proved very helpful in scanty menses, especially in maiden ladies, but if repeated as often as every three hours, even, are likely to cause severe headache. This untoward effect I have never seen from the largest doses, such as half a drachm or drachm of the fluid extract three times a day. Such doses are said, however, to produce headache sometimes. Very small doses, as one-quarter of a drop up to one drop of the ordinary tincture, repeated every one or two hours, will often promptly relieve a frontal headache due to mental fatigue, or any kind of a headache resulting from pelvic congestion at the menstrual period in women. The same doses are often efficient in preventing abortion when threatened from weakness or passive congestion of the uterus, or from habit at a certain stage of pregnancy. Two or three drops of the tinctures of cimicifuga and gelsemium — sometimes one drop of each—every hour or two, are among the most certain means of bringing on the menstrual flow when delayed by passive congestion, cold, grief, or other similar cause, and acts similarly with the lochial discharge after parturition. Dragging pelvic pains arising from the same causes may be relieved by the same combination.

—*American Therapist.*

A Plea for Conservative Surgery.

The following is taken from a paper recently read before the Buncombe County Medical Society, by J. A. Reagan, of Weaverville, N. C.:

Surgery, as a branch of our noble pro-

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fession, requires study, discrimination and good diagnostic knowledge. To learn to handle a knife skillfully, to make neat operations, to understand the anatomy of the parts to be operated upon, is important; to know how to operate, to ligate arteries to dress wounds, and manage after-treatment, is essentially necessary; but to know *when* to operate is the greatest acquirement and the one thing most important to constitute a good surgeon. That many unnecessary operations have been performed no good surgeon will deny. It is of no small importance for a man to loose a limb, and be made a cripple for life.

As an illustration of my position in favor of conservative surgery, I shall give three cases only, where a lower limb has been saved when the attending physicians had judged amputation absolutely necessary.

Case 1. I was sent for by the two physicians attending a case on Pine Creek, Madison county, to amputate the leg of a Mr. Brown. When I examined the case the knee and above it were swollen to three times their natural size. We went out to hold a consultation. They both contended that it was a case of caries of the bone, and that the only chance to save the man's life was to amputate. He was very much emaciated and quite feeble. I told them I would have to differ with them; that I regarded it as a case of deep-rooted abscess, and that the bone was not affected.

As we differed they consented for me to make an incision to the bone, and if they were correct we could then operate. I did so, and the pus flowed freely. The abscess discharged about one-half gallon. I then examined the bone and found it sound, and the periosteum unaffected. I made them examine for themselves, and they acknowledged their mistake. I cleansed the wound, or rather washed out the abscess, with carbolized water. Brown recovered, and the last time I saw him he was a stout, hearty man.

Case 2. While a member of the State Medical Examining Board, on our way up from Raleigh to Asheville, in 1885, there was a railroad accident between Marion and Morgantown, in which one of the engineers, a Mr. Low, received a compound dislocation of the ankle-joint, the bone coming out in front and the foot turned back. Our Board was requested to examine the case in connection with the two local physicians. There were only six of the Board present, one being sick at home. We made the examination, when four of the Board said it must be amputated. I took the position that his foot could be saved; one of the Board and the two local physicians argued with me, which made four on each side. The question was asked, "What shall we do?" One of the local physicians said he supposed we would have to operate. I said no; that his friends had heard all we said, as we had no private consultation. If they said operate I would say no more. They said no; and we put the bone to its place, and dressed the wound. The physician who was then surgeon of the road was sent for, and confirmed my opinion. Low got well, married in Asheville, and has two good legs, as the former surgeon of the road informed me only a short time ago.

Case 3. A young physician had a compound dislocation of the ankle-joint, with fracture of the tibia and fibula, the bones in this case coming out on the inside. I was with him from the beginning. The second night he, when not himself, jumped out of bed and bursted the dressing loose, the bone coming out as at first. Being a physician his professional brethren were very kind to him, and as many as eight of them visited him, some of them frequently. They all said his leg must be amputated. There was no difference of opinion among them; yet I urged a delay of the operation, which, from my near relation to him, they agreed to, saying it might as well be done at once, for it would ultimately have to come off. By close attention, though he lost several pieces of bone, his recovery was slow but sure. He first walked on two crutches, then with one and a stick, then with only a stick, and now he can walk without any stick at all. Several members of this society saw the case, and will remember that these are the facts.

I could give several other cases where I was urged to amputate, legs and arms, which were saved by close attention. I do not always oppose operating, but do so frequently, as I am satisfied, from my long

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experince and close observation, that more deliberation and caution is necessary before we decide to cause a patient to lose a limb and disable him for life. Many persons have lost limbs that might have been saved.

The Hot Blanket Pack.

Apropos of the free discussion which has been going on during the past few months, concerning the cold-water treatment of fevers, an article by Dr. W. W. Bremner (*N. Y. Med. Jour.*) is of unusual interest. The writer appreciates the serious difficulties to be encountered in private practice, in applying the cold bath or pack as usually administered, and proposes a simpler method, and one which he claims is efficient, safe, comfortable and easy of application. The procedure is briefly as follows: A blanket large enough to envelop the patient is rolled up into a moderately tight roll, and into the ends of the roll two quarts of boiling hot water are poured until the blanket is saturated. The bed is covered with a rubber sheet, on which a large double blanket is placed. The patient is stripped, and, all being in readiness, the roll should be laid at the bottom of the bed, and quickly unrolled and spread out on the dry blanket. As soon as it has cooled sufficiently to be comfortable, the patient should be placed in the centre of the hot wet blanket, and is wrapped up closely, first in the hot wet blanket, then the dry one. A handkerchief wrung out of cold water should be placed on the temples, and renewed every few minutes. The pack should be continued from one to two hours, according to temperature and appearance of patient. The temperature usually falls in a short time, and the patient becomes more comfortable. He has used this treatment in scarlet fever, measles and typhoid fever with excellent results. The method is certainly easy of application, not nearly so harsh as the cold pack, and is especially adapted to children. It deserves a trial at least.—*Fortnightly Review.*

Treatment of Diarrhea by Salol.

Dr. M. H. Fussell, speaking of the treatment of diarrhea by salol, says that where he formerly used opium almost universally, he now almost universally omits it from his prescriptions, making use of it as an adjuvant where salol fails to control the symptoms. He uses the following prescription:

℞. Salol..... 3 j
Bismuth subnit..... 3 ij
Mist cretæ, q. s..... ʒ viij
M. Sig.— 3 ij every two hours.

He concludes as follows:

1. Diarrhea due to dietetic errors, and that which is common in adults and infants in summer, is well controlled by the administration of salol and bismuth or chalk.

2. Opium is rarely necessary where salol is used.

3. Salol controls the abdominal pain equally as well as opium.

4. It is perfectly safe, having no bad after-effects.

5. It constantly corrects the fetor of the stools.— *Therapeutic Gazette.*

Cholera—Diagnosis and Treatment.

The diagnosis and treatment of cholera would undoubtedly prove of much import to any of our readers should they be called upon to treat cases, consequently we deem it advisable to give the following extract from an admirable paper by Dr. Rowland G. Curtin, of Philadelphia, published in a late issue of the *Medical News:*

Diagnosis and Treatment.—It is most important to recognize the disease in its earlier stages, for at this period simple treatment is usually attended with success.

In the first stage, the forming or stage of invasion, the intestines are in an irritable condition. The discharges are at first yellow and fetid, later on becoming whitish or grayish, and being composed of scrum and epithelium. Fibrinous flakes are sometimes present, and the stools are blood-stained. It may come on abruptly or gradually. Death may, in some rare cases, take place without vomiting or diarrhea. Sometimes the first stage is abruptly ushered in with restlessness, wakefulness, noises in the ears, languor, depression, headache, muscular weakness, and a weak, small pulse.

In the cases of insidious onset, the ear-

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liest symptom is a mild diarrhea. The stools are at first yellow; afterward watery, copious and frequent, with abdominal pain, slight tympany, borborygmi and nausea. The extremities, especially the lower, become painfully cramped. This stage may last several days, or only for a short time, and may escape observation altogether. Prompt measures at this stage may stay the disease, hence the importance of recognizing the earliest symptoms.

During an epidemic, any tendency to looseness of the bowels, even if seemingly innocent, should be promptly attended to by sending the patient to bed, and carefully regulating his diet. Chilling draughts should be avoided, and under no circumstances should patients be allowed to rise, a bed-pan being used when the bladder or bowels are to be evacuated.

The prognosis is especially grave when the attack is ushered in abruptly, with great irritability of the stomach and bowels, profuse depression, with painful cramps in the muscles of the legs and abdominal walls.

The treatment for this stage is usually as follows: If the case is tardy in onset, simple remedies are usually efficacious, together with the directions already given as to rest and nursing. A combination of general and local stimulants, local sedatives, astringents and stomachics has proved of benefit in the majority of cases. A formula that has heretofore been much used and extolled is the so-called Asiatic tincture:

℞. Chloroformi..... ℥ j
Camphoræ..... ℥ ij
Ft. sol. et. adde:
Sp. ætheris. co..... ℥ ij
Tr. opii,
Tr. capsici,
Ol. caryophylli.....aa..... ℥ ss
M. Sig.—From 5 to 50 drops in water.

Chlorodyne has been much used in this stage of the disease. Small doses of brandy with lime-water, frequently repeated, or, better, plain soda-water, sometimes control the vomiting. For local application, mustard plaster, or mustard and chloroform, sometimes allays the abdominal pains.

In the second, the cold stage or that of collapse, the patient is in great danger. The most prominent symptom is the constant discharge of sero-epithelial material from the stomach and bowels. This fluid is of a grayish or whitish color, serous, intermixed with fibrinous flakes, and is usually passed without effort, being sometimes ejected from the bowels and stomach simultaneously. In some cases there is a persistent hiccough, and painful cramps in the muscles of the legs, arms, fingers and toes, and abdominal walls. The cramps are often attended with contraction of the extremities. The patient is weak, stupid, heavy; the eyes are dark and sunken; the conjunctivæ are dull, dry, and covered with a film; the tongue is dry and covered with a light, pasty film, and the nose is sharp and pinched.

The breath is icy cold, the respiration shallow, while the voice is husky and whispering. The skin is cold, blue, shrivelled, and bathed in a cold, clammy sweat. The extremities first become cold, and afterward the trunk. The urine is scanty or suppressed. The blood is deprived of its water, thereby becoming greatly decreased in bulk and thickened, so that the poor, weak heart cannot propel it to supply the thirsty and famished tissues. The patient grows weaker and passes into a state of unconsciousness, and death ensues. Treatment at this stage is usually followed by little apparent benefit.

The skin and mucous membranes are pouring out the fluid from the blood and tissues, so that they are in no condition to absorb medicines brought in contact with them. Medicines injected subcutaneously are scarcely absorbed, for osmosis is reversed. Intravenous and rectal injection of saline fluids has been used with varying results. The bowel would not be likely to absorb, and the fluid would probably be rejected. The object of the saline injections is to make good the loss caused by the general leakage from the body. Transfusion of milk has been tried to the same end.

The treatment of the second stage is eminently unsatisfactory. The ability of the patient to tide over the crisis seems of more importance than the administration of medicaments.

In the third stage, stage of reaction, or stage of secondary fever, the conditions demanding treatment are extreme prostration, fever and an alimentary canal deprived of its epithelium. The secretory activity of the kidneys is greatly impaired. The condition is decidedly typhoid. The plan of treatment will be expectant. One important point to be borne in mind is that the stomach and bowels will tolerate but little nourishment, for even after the patient has been convalescing for days a slight error in diet may induce a relapse.

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Favorite Prescriptions.

We hope that our readers will take special interest in this department of the SUMMARY. We solicit practitioners to furnish us for publication with one of more of their favorite prescriptions. Only such as your personal experience has convinced you to be or practical use should be submitted.

Formulas plainly written *on a postal card* is a convenient way for sending. Always give them in this order, please:

1. Name of the disease.
2. The formula and directions.
3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the SUMMARY.

Gargle in Diphtheria.

℞. Acid. carbolic.....m℥ xx
Acid. acetic.....ʒ ss
Honey.....ʒ ij
Tr. myrrh.....ʒ ij
Aquæ, q. s.....℥ vj

Mix acids first, then honey and water.

CHRONIC ERYTHEMA.

℞. Cupri sulph.....gr. vj
Elder-flower water.....℥ ij

M. Sig.—Use as a lotion.

FOR ITCH.

℞. Potass. iodidi.....℥ ss
Sulph. iodidi.....ʒ j
Glycerin,
Aquæ rosæ.....aa.....℥ j
Ol. bitter almonds.....gtt. iij

M. Sig.—Apply to parts affected.

W. EDGAR HOLLAND, M. D.

Fayetteville, Pa.

General Debility—Chronic Bronchitis.

In those cases of general debility where there is loss of sleep, dimness of vision, poor appetitite, patient unrefreshed by sleep, tendency to shun society, etc., I have found nothing to equal the following:

℞. Liq. potassii arsenit.....ʒ ij
Hydrarg. bichloridi.....gr. j
Syrup acid hydriodic, (Hostelley's).....℥ vj

M.—Put the bichloride, previously powdered, into the syrup of hydriodic acid, and after reaction has taken place add the aresenic solution. Sig.—Teaspoonful three times daily in water.

In chronic bronchitis the above formula, with slight modifications to suit the particular case under treatment, will seldom fail to give results of the most satisfactory nature. In bronchial cases I frequently omit the mercury.

C. E. ANNABEL, M. D.

Elmira, N. Y.

Spasmodic Cough—Whooping.

℞. Acid. hydrocyan. dil.....ʒ j
Tr. sanguinaria.....ʒ iv
Syr. senegal.....℥ ss
Syr. tolu, or
Syr. yerba santa.....℥ ij
Aquæ menth. pip.....ʒ vij

M.; shake bottle. Sig. — Teaspoonful three times a day.

Or:—

℞. Potass. cyanid.,
Morph. sulph.....aa.....gr. j
Syr. prun. virg.,
Ext. prun. virg. fid...aa. ..℥ ij

M.; shake bottle. Sig. — Teaspoonful three or four times a day, according to cough.

MENSTRUAL PAIN, ETC.

For violent menstrual pain, with retching of stomach preceeding flow:

℞. Phenacetine.....ʒ j ℔
Morph. sulph.....gr. ss

M. ft. capsules No. vj. Sig.—One capsule every hour until pain ceases.

B. W. SWAYZE, M. D.

Philadelphia, Pa.

For Persistent Cough.

The following is my favorite for persistent cough:

℞. Syr. pruni virg.....℥ jss
Syr. picis.....ʒ j
Syr. scillæ comp.....℥ jss
Syr. hypophos. comp.....℥ ij
Syr. hydriodic acid, (Hostelley's).....℥ ij

M. Sig. — Teaspoonful three or four times daily, to be given after meals and highly diluted with water.

A. F. CRANS, M. D.

Owego, N. Y.

Notice! New Subscribers.

To all who subscribe now for 1893 we will send the MEDICAL SUMMARY for the remainder of this year *free*. Send at once; do not postpone this matter. See order-blank on advertising page xxxii.

Physicians are invited to contribute to the "Favorite Prescriptions" and other departments of the SUMMARY.

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Notes and Queries.

We cordially invite questions for this column on all subjects of practical interest and value to physicians. Brief, pointed, practical paragraphs embodying the personal experience of any of our readers will also be acceptable as contributions to this department. The SUMMARY is thus a valuable medium for the intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

Communications for this department should be written on one side of the paper only.

The QUERIES in this issue await the ANSWERS which our intelligent readers may be pleased to contribute for publication in our next

Pneumonia—Query.

Editor Medical Summary:

In a sample copy of your journal sent me I see an article on the treatment of pneumonia, by Dr. J. N. Smith, of Cuba Landing, Tenn. I am a young man, and have not been in the practice of medicine long, but have had a number of cases of pneumonia. After giving the microbe theory some thought, I have questioned the general opinion as to whether pneumonia is usually caused by exposure to cold. Should the Doctor see fit to answer, I would like to know if it is his opinion that the cold air contains the microbes which throw the lungs out of their normal condition. It has been my opinion that the location had all to do with the disease, and not the hot or cold air. I should like to see in the SUMMARY—from any one disposed to give it—an opinion as to the cause of pneumonia.

S. H. THOMPSON, M. D.

Arlington, Texas.

A Case of Flux.

A short time since I was called to see an infant one year old, said to have flux. It was a bad case, and had been neglected. When I saw it, it was passing about an ounce of pure blood every half hour. It was evident that a few hours would close the scene unless this could be stopped. I decided on an enema. I called in Dr. Geo. Hogbourne, and we agreed on ten grains of nitrate of silver to eight ounces of water. The whole amount was slowly thrown into the colon with a bulb syringe, and allowed to come away in a few seconds. There was no more hemorrhage; and with

℞. Bismuth subnit.....gr. v
Acetate lead.....gr. ss
Sulpho-carbolate of zinc...gr. j

in a teaspoonful of "turpentine tea," every hour for five hours, and every two hours afterward until twelve doses were taken, I had a good recovery.

I am satisfied that much of the non-success with bismuth is because not enough is given. For children one year old I give three to five grains, and for adults increase the amount to thirty grains, and in severe cases as much as a struck teaspoonful every hour. This is wet to a paste either in "turpentine tea," or a solution of 1-10 to 1-50 arsenite of copper.

A bad case of inflammation of the stomach, aged 20 years, came under my care a few days since. I gave:

℞. Bismuth subnit.....gr. xxx
Lead acetate.....gr. j
Morphine.....gr. ½

every hour for five hours, afterward every two hours, wet with arsenite of copper 1-20 gr. in solution, teaspoonful.

"Turpentine tea" is made by rubbing twenty drops of turpentine in a teaspoonful of sugar until mixed; add two-thirds of a cup of hot water, stirring till mixed; then strain into another cup and use warm. My friends will find that anything given in a decoction or solution will be better retained by the stomach if given warm.

I have very little trouble and few deaths from intestinal diseases by this treatment. My view is that we should stick to old friends in giving medicines, rather than run any risk on new ones.

BEN. H. BRODNAX, M. D.

Brodnax, La.

Hints on the Cholera Scare.

Editor Medical Summary:

Great efforts are being made to prevent the "tiger" landing on our shores. Can we prevent the winds, with their pockets full of conditions that fix our systems for certain diseases, striking not only New York, but our whole country?

Is cholera purely contagious, only to be spread by contact from patient to person? If so, why is it that one side of a street in a city is wholly taken and the opposite side left? Or, why did the family that kept themselves completely isolated all die and their neighbors escape the disease?

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The utmost caution is observed in New York against infection from foreign ships. No city on the Mississippi River is protected. We predict some inland town to be the first visited, provided we exchange la grippe for cholera.

We must look out for ships bringing cholera to our shores from foreign countries, but we never think of the winds, nor what we eat and drink in all kinds of weather, nor change of atmosphere. We have atmospheric changes which so effect the skin that it completely reverses the course of nature, turning the circulation from circumference to centre, instead of maintaining the natural determination, from centre to circumference, to and through the skin, and producing the same condition of the system as a sudden fright, which, by the way, figures greatly in epidemic cholera. The effect of fright is the withdrawing of the vital force from the skin to the centre, leaving the extremities and skin cold, paralyzing the liver, turning the insensible perspiration from the skin to the bowels, and producing the same watery diarrhea as in cholera, without any appearance of bile—rice-water discharges, producing the same feeling as salt and water enemas, and which is but little else.

How would it do to have Congress convened to pass a "special medical act" for the "dear people" to raise an army for the defense of our eastern coast to keep the "tiger" from landing? REASON.

Diarrhea—Query.

Will some of the patrons of the SUMMARY who have had diarrhea cases and treated them successfully, give their views on summer diarrhea of adults through the medium of this journal. There is a kind of summer diarrhea apt to occur in August, or from July to September, involving, probably, the ilium and secum of the colon, that is very obstinate. The more opium and astringents you give the worse the case seems. I have known several old people—and occasionally an adult in the prime of life—to die with it.

I can handle typhoid fever, dysentery and peritonitis with but little fear of fatal results, but this summer diarrhea of adults, and especially old people, is a terror to me. If you follow the treatment of the best authors, the patient seems to die just the same. DR. G. S——.

New York.

Take Notice.

Editor Medical Summary:

In the treatment of the case of skin disease reported, I omitted a very important part, which please insert, and fail not:

"Internally, was given ars. sulphide, a tablet 1-30 ter die."

This, you see, is all important.

ABRAM LIVEZEY, M. D.

Yardley, Pa.

[The form containing the article the Doctor refers to, (see page 211 of this number, "A Few Cases — Testing Preparations,") we are sorry to say, was already printed when the above note reached us.—ED.]

Bright's Disease.

In a private letter to the editor, Dr. Elderdice, of McKnightstown, Pa., writes: "Have you ever noted that potass. bromide combined with fld. ext. jaborandi very materially adds to the effect of the latter, especially in Bright's Disease? I found it to be a combination of value in several cases where jaborandi alone was not much of a success."

The U. S. P.

I see in the September SUMMARY an article entitled "Things New and Old." The writer seems to confound the U. S. D. with the U. S. P. He says: "This language from such high authority should convince the recent graduate that the U. S. P. is not a compend of the experience of the physicians, but the views of a very few narrow-minded men. Yet there are many doctors who have a good paying practice whose only work on materia medica and therapeutics is the U. S. P." The U. S. P. has absolutely no mention of the therapeutic effect of any drug; up to this time it has not even given doses. I see it has been proposed that doses be inserted in the new Pharmacopœa, but do not know whether this will be done.

E. S. SMYTHE, PH. G., M. D.

Bryan, Texas.

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Book Notices.

BOOK ON THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. Cathell, M. D. New tenth edition (author's last revision). Thoroughly revised, enlarged and rewritten. In one handsome royal octavo volume. 348 pages. Bound in extra cloth. The F. A. Davis Co., publishers, Philadelphia. Price $2.00.

This book should be carefully read by every graduate in medicine at the commencement of his professional career, as following its precepts will undoubtedly enhance the chances of his success. Between the covers of this volume may be found gems of priceless value.

AN AMERICAN TEXT BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. By Charles H. Burnett, M. D., Phineas S. Conner, M. D., Frederick S. Dennis, M. D., William W. Keen, M. D., Charles B. Nancrede, M. D., Roswell Park, M. D., Lewis S. Pilcher, M. D., Nicholas Senn, M. D., Francis J. Shepherd, M. D., Lewis A. Stimson, M. D., William Thompson, M. D., J. Collins Warren, M. D., and J. William White, M. D. Edited by William W. Keen, M. D., LL. D., and J. William White, M. D., Ph. D. Profusely illustrated. 1209 pages. W. B. Saunders, publisher, 913 Walnut St., Philadelphia, Pa. Price, cloth, $7.00; sheep, $8.00; half Russia, $9.00. Sold by subscription only.

The rapid advances made in surgery during the past few years have created a new source of reference in this particular branch of the medical sciences, and to supply this need the present work has been prepared. The book is a record of opinion by representative American teachers and surgical practitioners as to the most modern status of surgical practice, as well as presenting the sentiments and beliefs of the most intelligent and advanced surgeons of modern times. Many of the subjects are considered from a new standpoint, special prominence being given to Surgical Bacteriology, and the most recent methods of treatment; Asepsis and Antisepsis, and the departments where the most notable progress has recently been made; Cerebral, Spinal, Abdominal and Pelvic Surgery, etc.

THE PRINCIPLES OF MEDICINE. By John M. Scudder, M. D., Professor of the Practice of Medicine in the Eclectic Medical Institute, etc., Cincinnatti, Ohio. John M. Scudder & Sons, publishers, Cincinnati, Ohio. 1892. Price, sheep, $4.00.

The contents of this volume of 352 pages is divided into nine chapters, with preface and introduction, claiming to be the study of the elements of disease and the principles of cure; also presenting a rational basis for medical practice. The author in his preface says: "That practical medicine is an art to be studied, and perfected by continued practice, must be admitted; but I claim that there is an underlying scientific basis that needs to be known to give the greatest success." The present volume is one that contains many truths, and can be read and studied with profit by any student of medicine.

THE PRINCIPLES AND PRACTICE OF BANDAGING. By Gwilyn G. Davis, M. D. Geo. S. Davis, publisher, Detroit, Mich. 1891. Price $3.00.

The one hundred and sixty-four illustrations in this admirable volume, original with the author, are exceedingly well designed to illustrate the text. The descriptions are remarkably clear, and such thorough attention to detail of the whole subject is presented that in our opinion this is the most thorough, complete and useful book upon the subject published.

CEREBRAL MENINGITIS: Its History, Diagnosis, Prognosis and Treatment. By Martin W. Barr, M. D. Geo. S. Davis, publisher, Detroit, Mich. 1892. Price 25 cents.

This brochure belongs to the "Physician's Leisure Library," and the author's aim has been to simplify the nomenclature, and give the modern treatment for the several forms of cerebral meningitis, in all of which he has succeeded admirably.

☞To all those who will subscribe now for the MEDICAL SUMMARY for the year 1893, we will send copies for the remainder of this year free. This is done for the sake of securing you to join our circle of SUMMARY readers at once. See order-blank on advertising page xxxii.

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Summary Gleanings.

It is said that nitrite of amyl will generally stop spasmodic hiccough.

It is stated that immersing the feet and hands in very warm water seldom fails to check epistaxis.

The rigid os, which protracts labor sometimes till the strength of the patient is exhausted, may be relieved, says a practical obstetrician who has tried it, by two or three twenty-drop doses of jaborandi given every half hour till perspiration is established.

Dr. Biesenthal, of Berlin says: "For years I have treated many cases of acute and chronic gout, and employed all the various remedies, but with none have I achieved such success as with Piperazine." This is a strong and significant endorsement.

It is stated that equal parts of peroxide of hydrogen and glycerin applied to the hands and face makes the skin soft and white, and will often remove moth-patches and pimples.

Cocaine is no longer considered the harmless remedy it was at one time supposed to be. A number of deaths from its use as an anesthetic have been reported, and not long since a death from cocaine injection occurred in New York.

Dr. J. B. James, of London, recommends calomel, as an excellent topical application for hemorrhoids. It is said to relieve all pain and uneasiness, and enables the patient to attend to his usual business without inconvenience.

Nitroglycerin, one drop of a one per cent. solution three times a day, is sometimes prescribed by Prof. Da Costa in epilepsy when the bromides fail.

Bicycle-riding is advocated as a remedy for persistent sciatica. It has been successful in cases of two or three years' standing.

Boric acid, in five per cent. aqueous solution, has been recommended, topically, in red nose not due to alcoholism.

Tapeworm has been successfully treated by salicylic acid in hourly doses of eight grains each. After the fifth dose, castor-oil is given.

A solution of one per cent. of lysol is said to be sufficient to destroy the cholera bacillus.

Hiccough is often arrested by red pepper tea taken as hot as possible.

Pulsatilla is now regarded by many practitioners as a very valuable emenagogue.

W. R. Warner & Company will send Ingluvin to any doctor who has an uncontrollable case of sickness in gestation, marasmus, or cholera infantum, in which it is claimed to be specific.

Prof. Hare said that a very useful and efficient application to abort felons is to make a poultice with bread crumbs and lead water.

Collinsonia is a valuable remedy when there is a sensation as if a foreign body was lodged in the rectum.

Iodia is an alterative of intrinsic value in all cases where indicated. It has become a standard preparation with hundreds of physicians.

Persistent vomiting is often permanently relieved by the application of a small blister to the epigastrium.

Dr. Heigh, of Kansas, says that sweet flag (calamus), if chewed, will relieve and stop persistent hiccough.

Tinct. lobelia enemas are highly recommended for rigid os and tedious lingering labors.

You can easily add to your popularity and usefulness by following the instructions given by the McArthur Hypophosphite Co., on the first advertising page of this issue. Their syrup is a standard and reliable preparation. It is not a conglomerate mass of polypharmacy as some others in the market, but embodies the valuable therapeutical properties of the Hypophosphites of Lime and Soda, without objectionable ingredients.

We propose to make it to the interest of every doctor not a subscriber, to become such at once. See order-blank on advertising page xxxii.

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The only preparation of Pancreatized Cod-Liver Oil introduced directly to the medical profession. It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains:			
Pure Cod Liver Oil.....30 m. (drops)	Soda.....1-3 Grains.	Recommended and Prescribed by EMINENT PHYSICIANS Everywhere, It is pleasant to the Taste and acceptable to the most delicate Stomach.	
Distilled Water.....26 "	Salicylic Acid.....1-4 "		
Soluble Pancreatin..... 5 Grains.	Hydrobic Acid.....1-20 "		

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

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A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U. S.

CHOLERA.

Horsford's Acid Phosphate.

By the researches of Koch and others, it is found that the cholera bacilli require for their growth, a mild alkaline nutrient medium, and that acids are most useful to kill them.

Horsford's Acid Phosphate has been successfully employed by the Physicians in Europe and America, and possesses special advantages over other acids, because of its beneficial action upon the nerves and process of digestion, and its tonic and general strengthening effect upon the whole system.

Half a teaspoonful in half a tumbler of water, with sugar if desired, will make a palatable drink.

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

Beware of Substitutes and Imitations.

CAUTION.—Be sure the word "HORSFORD'S" is PRINTED on the label. All others are spurious. NEVER SOLD IN BULK.

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"The importance of disinfecting the expectorations of patients suffering from chronic pulmonary disease, and the alvine discharges in fevers, diarrheas and dysenteries, it seems to us has not been sufficiently urged upon the profession. We would recommend for all these purposes, the powerful yet odorless solution known commercially as PLATT'S CHLORIDES. Free from all objectionable features, it is peculiarly adapted to all the requirements of the sick-room."

ALFRED L. LOOMIS, M. D., LL. D.

Pres. N. Y. Acad. Med., Prof. of Path. and Prac. of Med., Univer. City N. Y.; Physician to Bellevue, Mt. Sinai and Charity Hospitals, &c.

"The promptness with which it purifies the atmosphere of the sick-room is marvellous." WM. H. GAULT, M. D.,

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"From my experience with PLATT'S CHLORIDES I am convinced of its great value as a disinfectant. Without odor itself, never injurious when applied to any surface of the body, destroying all offensive odors promptly and effectively, an excellent stimulant to indolent ulcerated surfaces, it evidently is destined to become *the great disinfectant of the future.*"

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Prof. of Anatomy and Dean Hahneman Medical College.

"It answers the purpose better than any other preparation with which I am acquainted. Diluted one part to ten, about the sick-room its action is immediate."

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WASHINGTON, D. C.,

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"I have found PLATT'S CHLORIDES all that is claimed for it, and use it constantly in my practice."

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CHICAGO, ILL.

Prof. Prin. and Pract. of Surgery, Chicago Medical College.

Ponca Compound.

I have a lady patient, a married woman, who had one child fourteen years ago, a second child five years afterwards, and is now seven months advanced in her pregnancy. She has suffered for more than twelve years from endometritis, as well as chronic indigestion. During eight months of her second pregnancy she never ate a full meal, and as a natural consequence the child was weak and helpless. The first half of this pregnancy her health was wretched; since then I have been gradually building her up with tonics. Five weeks ago, fearing a miscarriage, I prescribed Ponca Compound. In a week the improvement was marked. She reported a day free from the slightest ache, pain or discomfort, the first in years. She has continued the use of Poca Compound and is now in better health and has a better appetite than since the birth of her first child. Also begins to hope for a strong, healthy child.—J. P. Fearrington, M.D., Faison, N. Y.

Chronic Rhinitis.

In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The iodine is decolorized in preparation, a clear solution of light amber color resulting:

℞. Sodii boras..... ℥ ss
Sodii bicarb..... ℥ j
Aquæ puræ..... ℥ ij

Disolve and add,

Acid carbol.....grs. xv
Tr. iodi..... ℥ iij
Listerine.....q. s. ft ℥ xi

M.

The Three Chlorides Elixir, of Renz & Henry, makes not only an elegant vehicle, but an excellent adjuvant in the administration of potassium iodide, sodium iodide and ammonium iodide.

Readers will oblige us, and it will also be to their interest, if they will state, when writing to any of our advertisers, that the advertisement was seen in the MEDICAL SUMMARY.

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For the Physician to watch the character and quality of the remedies used in his prescriptions. Responsibility *does not cease* when the patient leaves the office, for impure, stale or inferior preparations may be used without his knowledge. Personal examination of remedies prescribed—is the best check upon substitution.

Ferro-Salicylata
LIQUID.

—o—

Merrell.

—o—

An eligible combination of Methyl Salicylate and Tincture Citro-Chloride Iron in a pleasant and permanent form.

Each fluid drachm contains:

True Salicylic Acid—from Oil Wintergreen (Methyl Salicylate) - - - 5 grs
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Ferro-Salicylata is especially valuable in that shade of disease peculiar in anæmic, delicate, poorly nourished or broken down patients—usually aged people—children or youth—but met with in all ages. In adults, and often in children when the disease is not plainly chronic, there will be a long series of recurrences with intervals of doubtful health. It may also be employed in acute articular rheumatism, and in some cases of acute tonsilitis, especially where the diagnosis is at first in doubt between rheumatic angina and diptheria; also in acute rheumatism and the rheumatic affections generally.

Ferro-Salicylata may be used in combination with the Iodides and Bromides of Potassium and Sodium. Associated with the former, it will prove an admirable alterative and tonic in second syphilis attended by a debilitated condition of the general system. It also combines well with Chlorate Potassium, the Hypophosphites, with Fowler's Solution, the vegetable bitter tonics, either in Fluid Extract or Tincture Form.

Ferro-Salicylata and all other preparations of this Company, reach the laity through professional channels only. We therefore avoid entering into the minute details of their application, leaving the physician to make such practical use of our therapeutic notes as in his judgment may be best suited to individual cases.

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Merrell.

The best representative of the drug in fluid form, containing the combined alkaloids in the same proportion as they exist in the root, and especially valuable in all diseases of the mucous surfaces. It will mix with water, syrup, glycerine, or alcohol without precipitation, and being so perfectly bland and non-irritating may be applied to the most delicate mucous surfaces without unpleasant effects.

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Pinus Compositus

MERRELL.

Each fluid drachm contains:

White Pine—fresh bark..2½ grs
Balm Gilead Buds.....2 grs
Spikenard.....2 grs
Cherry Bark.....1¾ grs
Ipecac.....1–4 grs
Sanguinarina Nitrate.....1–64 gr
Moryhine Acetate.....1–16 gr
Ammonium Chloride.....½ gr
Chloroform.....½ minim

An admirable combination of well known and highly approved medicinal agent; recommended in acute, chronic and capillary bronchitis—in ordinary coughs and colds, and wherever a "routine" expectorant is suggested.

CAUTION.—Physicians are reminded that the Elixir Pinus Compositus of this manufacturer is wholly unlike the many syrups, etc., under similar names, and the difference will be readily appreciated when tried. In testing the physical properties of the Elixir Pinus, note especially its delicate taste and perfect freedom from the odor of rank syrup, the drastic, harsh and repulsive characteristics of the crude blood root, and other coarser ingredients characteristic of competing preparations.

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Cincinnati. **New York.**

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Strych. Sulph., 1-60 gr. Ext. Rhubarb, ¼ gr.
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Capsicum, ¼ gr. Soda Bi-Carb., 2 grs.

25 Cents per 100.

PILL ANTI-VOMITING.

Bismuth Sub. Nit., 2½ grs
Cerium Oxalate, 2½ grs.
Cocaine Hydrochlorate, 1-12 gr.

55 Cents per 100.

Manufactured only by

Jos. McManus & Co.,
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New price list now ready.

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Newest artistic designs in Jewelry and Watches. Large stock, low prices. Call or write for prices.

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American Watches (men's sizes) are now in use which we have altered from key- to stem-winders. Ask your jeweler about it, or write us.

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We take pleasure in calling to the notice of our readers Mennen's Borated Talcum Powder, as a sanitary infant powder. A combination of boric acid and purified talcum. This powder is put up in a neat, decorated tin box with a sprinkler top. The retail price is 25 cents. but, to introduce it to the profession, a full-size box will be sent, postpaid, to any physician on application.

Sanmetto.

"I tested Sanmetto in a case of chronic prostatitis and great irritability of the bladder and urethra, with incontinence of urine, and continued its use until two and one-half bottles were taken, when the patient reported at my office entirely cured. Two months have elapsed and no return of the malady. The case may be of interest in view of the fact that this patient was treated unsuccessfully for a period of six weeks in one of the leading hospitals of this city for the same trouble before reporting to me. I regard Sanmetto as par excellence in all diseases of the genito-urinary organs. I prescribe it every day, and patients are all benefitted thereby."—J. F. GRAHAM, M. D., Washington, D. C.

Kennedy's Pinus Canadensis.

A. R. deEscara, M. D., Paris, France, says: "With S. H. Kennedy's Extract of Pinus Canadensis the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure Pinus Canadensis on hydrophile cotton plugs. In two cases of inveterate leucorrhea, which resisted various well-chosen remedies, the improvement was truly marvellous; so much so, that I ask myself whether I had not fallen on a lucky combination. This, time will decide. From that time I have always recommended the Pinus Canadensis in all cases where I thought its action was clearly indicated.

Bill Nye hits the nail a hard hit on the head when he says: "A man may ride on the back coach of a railroad train to save interest on his money till the conductor gets around, stop his watch at night to save wear and tear, leave his "i" and "t" without a dot or cross to save ink, pasture his mother's grave to save corn, but a man of this sort is a gentleman compared to the fellow that will take a newspaper two or three years and when asked to pay for it puts it in the office and has it marked "refused."—*Texas Health Journal.*

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FROM THE

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Original Articles.

A CHEMICAL CURE FOR CONSUMPTION AND ASTHMA.

BY

W. R. AMICK, A. M., M. D.

Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; formerly Professor of Ophthalmology and Otology in the Women's Medical College, of Cincinnati, and Resident Physician in the Cincinnati Hospital; member of the Cincinnati Medical Society.

CONSUMPTION.

Consumption, or to be more definite, phthisis pulmonalis or pulmonary tuberculosis, causes more deaths than any other disease that physicians have to contend with, and yet the treatment that is generally prescribed is not successful. It may palliate for awhile, but it does not stop the ravages of the disease. There may be a temporary relief, but, as a rule, it does not last long.

In studying this subject we have examined the formulas of thirty of the consumption cures, cough mixtures and lung balsams that are advertised in the newspapers, magazines, journals, and by circulars, and find that nearly all of them contain morphine or opium in some form. Opium or morphine, when first taken by a person with lung trouble, may give temporary, but deceptive relief. The effect of these drugs on a person having consumption is not desirable, as their tendency is to prevent a return to a healthy condition.

A few drops or grains of the proper medicine will do more good than a pint of some miscellaneous compound. Let the educated and intelligent physician test the treatment in his own practice, and if there is merit in it he will say so. He is the one that should be the judge, and a remedy that will not stand the test in his hands can not truthfully be called a cure for the disease.

To successfully treat consumption or asthma the cause must be taken into consideration. Frequently it depends upon an hereditary origin which predisposes to these diseases, although one disease in the parent may produce another in the child. The constitution may be weakened from the heriditary or acquired causes, the elements of resistance to disease are reduced and conditions favorable to their reception are produced.

Bronchitis of the smaller tubes and chronic lobular pneumonia are the starting points of a large number of cases of consumption, independent of any hereditary tendency. From exposure, or other causes, a person contracts bronchitis or catarrhal pneumonia. After a few days the acute stage passes off, but there remains a little cough, or weakness, or shortness of breath, or pain, a little flushing or fever in the evening, a want of normal vitality and ambition, variable appetite, etc. This condition gradually paves the way for the production or development of the disease, and slowly but surely weakens or destroys those elements that are essential for health. These elements form the resisting power of the constitution, and when they are weakened or reduced the system becomes negative, and is then more readily influenced by disease. Health means harmony of action in and between the different organs of the body, but in this disease there is a conflict going on which becomes a struggle for life against death.

The treatment of consumption which we have instituted is based on the following: Pulmonary consumption is a disease which invades the lungs because the oxidizing elements of the body have

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Marvelously Successful.

THE CHEMICAL TREATMENT

—FOR—

CONSUMPTION

Instituted by Dr. W. R. AMICK, of Cincinnati, Ohio.

A thoroughly reliable treatment and absolute cure for *Consumption, Asthma, Chronic Bronchitis, Tubercular Laryngitis, Catarrh and Hay-Fever.*

TESTED, INDORSED and ADOPTED IN PRACTICE BY 10,000 PHYSICIANS.

The medicines for this wonderfully successful treatment may now be obtained by all physicians. **The Amick Chemical Co.** has assumed exclusively the compounding of the medicines for the *Chemical Treatment* by *Dr. Amick's perfected formulas*, and will supply them only to physicians.

EVERY DOCTOR

should read carefully the original announcement, giving the author's theory on which the treatment is based. Also the thousands of testimonials from leading physicians. We will send both on application. Both the theory and the treatment have proved to be

Absolutely Correct.

Is it possible that the thousands of physicians and their patients who are unqualifiedly endorsing the *Chemical Treatment* are mistaken? *No! Doctor*, this is your future treatment for these diseases, and positively the only one ever instituted that has withstood all tests, and that may be implicitly relied upon.

TEST IT.

Although far beyond the experimental period, we invite you to make your own test, like other physicians have done and are doing throughout the country. The first doctor to introduce this treatment in his locality has been invariably applauded.

We will show our own confidence in the Chemical Treatment by the following liberal offer: We will supply to physicians—medicines, including inhaler, for one test case for a ten days' trial FREE OF CHARGE on the following conditions: Every physician who accepts our offer must first select a test patient, and give us name, residence and condition by examination. He must send with his order his printed card or letter head. He must agree to pay the express charges on the package of medicines sent to him. He must within 20 days after receiving the test medicines, either order a month's supply of medicines for his patient to continue treatment, at regular physicians' price, or return the inhaler and empty bottles by express, charges prepaid. This is a liberal offer. If we did not have every assurance that the *Chemical Treatment* would give satisfaction, we could not make it. We trust to the honor of the physician not to abuse it. This offer only applies to Consumption, the *Chemical Treatment* being almost a specific for the other diseases in uncomplicated forms. Many cases can be virtually cured in 10 to 30 days.

We reserve the right to withdraw the above offer at any time without notice. Physicians should therefore be prompt to take proper advantage of it. Order from this advertisement. Don't wait to correspond. Send at once for all particulars regarding physician's prices, charges to patients and other necessary information.

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been changed, reduced, or do not exist in the proper quantity and quality. A deficiency in these elements means a decrease in oxidation, and this lowers vital action and lessens organic metamorphosis. The protoplasm is not sufficiently oxidized to take on higher vital action, or to be disintegrated previous to excretion. This incomplete action forms a pathological deposit called tubercles, and they form the nidus for the development of the bacilli.

These tubercles may be deposited in different organs of the body, but their elective affinity for the lungs may be from the endosmotic and exosmotic action in incomplete oxidation, causing irritation of the mucous membrane. The irritation produces a certain amount of congestion, and this furnishes a favorable soil for their development. The irritation may be caused by inhaling dust, vapors, etc. The resisting power of the constitution then gradually decreases, until it is not equal to the force exerted by the disease. As a result inharmony is produced, the system becomes negative, the disease gains more and more power, becomes positive and gradually advances, while the patient gradually declines. Then it becomes simply a question of time as to how long this conflict can continue until the victim dies, unless something is done to stop the destructive process.

A treatment, to be successful, must correct the faulty oxidation and increase or supply the reduced or wanting elements; it must increase the resisting force of the constitution and allay the inflammation and irritation which exists in the lungs. We have arranged our treatment to meet these indications and it is necessarily divided into three parts. These three parts are: first, medicine put up in the form of tablets, second, medicine in a fluid form, and third, an inhaler, and medicine for the inhaler. The tablets are for the purpose of supplying or increasing the elements that are wanting. No treatment can be successful that does not supply the system with the elements that the disease is destroying. The tablets then are one of the most important factors in the treatment. The drops are to allay the irritative and inflammatory tendency and build up or develop the resisting force of the constitution. The inhaler is for the purpose of allaying the inflammation and irritation in the lungs and relieve the cough. It is simply palliative, and does not remove the cause, yet it is indispensable in this treatment.

In all diseases of the lungs, such as asthma, chronic bronchitis, catarrh and consumption, we have to contend with this condition in a different form and degree in the different diseases. Scrofula is an incomplete or milder form of tuberculosis than consumption.

The general plan of treating consumption is to give a cough syrup containing an expectorant and an opiate, medicine for the system like cod-liver oil, malt extracts or hypophosphites in combination, and a stimulant, generally whisky. The results prove that this method of treatment is not a success.

In our treatment we aim to strengthen the constitutional fortifications and at the same time weaken those of the enemy. We aim to attack the cause and remove it as speedily as possibly from the body and at the same time furnish the system with a supply of the elements that have been reduced or destroyed.

This treatment is productive of good results in asthma, chronic bronchitis, chronic pneumonia and consumption in all of their various stages. You may ask how can this be when there are so many different conditions to contend with? Experience has demonstrated that it is true that these diseases can be successfully treated with this method and the reason why is, because, these remedies act on the same principle as water when a man is thirsty. It is not the size, age, nativity, color or social position of a man that causes thirst, but it is because the water element in the body has been reduced until there is a demand on the part of the system for more. In our treatment we are governed by precisely the same principle. We have not followed in the footsteps of others, but have departed from the well-worn paths, and therefore have a just right to say that it is a new cure for both consumption and asthma.

One grand feature with this treatment is, that it is not dangerous and there are

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no risks to run. It can be easily carried out by any one, and can be used by asthmatics or consumptives in any stage of the disease with the full assurance that it can not possibly do any harm but is bound to be productive of good. As a rule the night-sweats stop and the expectoration becomes lessened and thinner the first week in consumptives under this treatment, and asthmatics notice an improvement in a few days.

No sane person will suppose that any treatment will cure a given disease after it has passed a certain limit. Consumption is no exception. We may stop the development of the tubercles, but the destructive process may have extended until it is impossible for harmony to be restored in the organism to a sufficient extent to continue life. If we could focalize life in a tablet, then we might be able to rejuvenate senility and fill a cavity in the lung with healhy tissue.

ASTHMA.

In asthma there is more or less congestion and irritation of the bronchial mucous membrane. This irritation acting on the vaso-motor system causes a contraction of the capillaries and is the first part of a paroxysm. If it does not extend any farther the paroxysm is slight. If the irritation is decided it produces a contraction of the circular muscular fibres of the bronchial tubes. This lessens the size of these air channels, and to that extent acts as an obstruction to the free passage of air both to and from the air cells. The larger the amount of irritation the greater the contraction, the greater the contraction the smaller the caliber of the bronchial tube, and the smaller the caliber of the tube (from the contraction), the greater the effort required to force the air through them, and hence the harder the paroxysm. This condition of contraction, which produces the paroxysm, may pass off in a few minutes and it may last from one to several hours. A severe paroxysm may pass off in a half hour or in an hour, but it may be followed by some wheezing and shortness of breath which will last for a day or two. The paroxysms are the explosions caused by the irritation. After the paroxysm has passed off it is only a question of time until another one will come on.

There are three general classes of asthmatics. During the intervals between the paroxysms the first class are entirely free from all asthmatic symptoms and are perfectly well. The second class during the interval do not have the symptoms manifest all of the time, but are conscious of the fact that they are asthmatic, and extra exertion will produce wheezing and shortness of breath. The third class are the confirmed asthmatics, and are practically never free from some of the symptoms.

Asthma is a disease that is frequently hereditary, and the offspring may have the asthmatic predisposition or diathesis in the system. By heredity we do not wish to convey the impression that the parents must necessarily have been asthmatic. To treat a case intelligently and successfully, that is, so as to remove the asthmatic habit and tendency from the system, a history of the case and also of antecedents is essential.

In asthma, either from hereditary or acquired causes, all that is necessary to bring on a paroxysm is to have an exciting agent. Dust, vapors, smoke, fog, fatigue, over-exertion, excitement, etc., may bring on an attack. I know a lady to whom the sight of a rabbit always brings on a paroxysm. Some people have it at certain seasons of the year, lasting for a time, and are then free from it until that season arrives again. This would indicate that an exciting agent was produced at that particular time of the year. Others have it at any and all times, with and apparently without provocation.

Consumption and asthma may be and are frequently hereditary, but the simple fact that they are hereditary, and that the person was born with this predisposition, is no proof that the disease itself can not be cured, and the diathesis eradicated from the system with the proper course of treatment.

With this treatment an attack of asthma can be cut short, or the severity of the paroxysm mitigated, and this cutting short one attack lessens the force of the next, and the relief thus obtained from hours of agony and suffering is of untold value to the asthmatic, even if that was all the benefit that he received; but no

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person supposes that the *asthmatic habit* can be overcome in a few days. This requires constitutional treatment, and care must be taken to remove the cause. But what everybody is most interested in is

THE RESULTS OF TREATMENT.

CONSUMPTION.

Case I.—Mrs. Kane. Previous duration of the disease, four months. Father died of hasty consumption. Symptoms, cough, expectoration, fever, rapid loss of flesh and strength, loss of appetite, dyspnœa and palpitation. Said she was declining like her father, and did not expect to live long. Began treatment May 2, 1881. Continued the treatment three months. Result: restored to perfect health, and from that time to the present, a period of nearly eleven years, has not had any trouble with her lungs. In the spring of 1891 she had a severe attack of la grippe, but it did not affect the lungs.

Case II.—Wm. Kemery. Previous duration of disease, three years. Symptoms: cough, moist rales, with free expectoration, loss of flesh, strength and appetite, night-sweats, hectic fever, pinched features, pain in the lungs, and dullness in upper portion of both lungs. Began treatment October 22, 1891. Duration of treatment, two months. Result: complete recovery. Mr. Kemery lost about fifty pounds in weight. Gained thirty-two pounds in six weeks under treatment. Was reduced to about 130 pounds; at present weighs 170. He is an engineer at 243 Sycamore street, and although his work is very hard on the lungs, being exposed part of the time to the furnace, and then to the cold wind and dust, yet he is in perfect health.

141 GARFIELD PLACE, January 31, 1891.

I hereby certify that I have made a careful physical examination of the chest of Mr. Wm. Kemery, at the request of his physician, Dr. W. R. Amick, and find no evidence whatever of disease of the lungs. There are no moist or dry rales, the respiratory murmur is full, and not raised in pitch, nor the expiratory sound prolonged. The vocal fremitus is normal, and equal on the two sides. The expansion of the chest is four inches.

A. B. RICHARDSON, M. D

Professor of Mental Diseases in the Miami Medical College and the Women's Medical College, of Cincinnati, formerly Superintendent of the Insane Asylum at Athens, Ohio.

Case III.— Mrs. Winkleman. Duration of disease, one year. Hereditary. Has spit up blood on numerous occasions, and has had several hemorrhages. Symptoms: hectic fever, night-sweats profuse, cough hard and tight, almost constant day and night. Expectorates a thick, tenacious, muco-purulent sputa, nummular, sinks in water; loss of appetite, flesh and strength. Decided dullness all over the upper part of left lung, front and back. Moist rales both on inspiration and expiration in lower part of left lung and upper part of right. The rales were so loud in this case that when she was in one room a person in an adjoining room could count her respirations without seeing her. Began treatment October 20, 1891. First week, the night-sweats ceased. Third week, the cough had entirely ceased at night; feeling better in every respect, appetite and strength improving. Fifth week, thinks that she is strong enough to run a sewing machine; left the city, and I have not heard from her since.

Case IV.—(Reported by D. S. Brown, M. D., of Kentucky.)

KANE, KY., January 22, 1892.

Dear Doctor.—In reply to yours of late date, will say that my wife is still improving on your treatment. She had been troubled with a long, continuous cough, had lost considerable flesh, and had night-sweats. She would cough up a heavy, muco-purulent sputa, but since using your treatment she has gained fifteen pounds of flesh, looks well, and is improving rapidly. While she was suffering with la grippe she continued the treatment, and I have reason to believe it to be good in that disease.

DR. D. S. BROWN.

Case V.— Grace Wheeler. Duration of disease, nine months. Symptoms, fever, night-sweats, cough, expectoration, loss of flesh, strength and appetite. Constant pain in both lungs. Not able to get out of bed without assistance. Not expected to live more than a week. Debility so great from constant coughing that she was completely prostrated. For the last two months has been spitting up from a pint and a half to two pints of muco-purulent material every night. Began treatment November 26, 1891. Result. in ten days was able to be out of bed during the day, night-sweats had ceased, and appetite and strength improving rapidly. Four weeks—does not cough at all at night, says that she does not want a better appetite, has but little cough,

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and feels much better. Six weeks — has no cough, and says she feels as well as she ever did.

Case VI. — Amanda Tarvin, Kane, Ky. Duration of disease, six months. Cough, expectoration, fever and chills, loss of flesh, strength and appetite. Began treatment about January 1, 1891. I did not see this lady. By request of Dr. Brown her brother called on me and obtained the treatment for her. January 11, Dr. Brown reports her improving and feeling much better. February 10, her brother stated that she was about well, and feeling as well as she ever did in her life.

Case VII. — (Reported by Prof. R. C. S. Reed, M. D., of Stockton, O.)

Dear Doctor. — In compliance with your request, permit me to say that Miss L—— H——, aged twenty-eight, has the following history: Duration of disease, two years. Hereditary, the grandfather, the mother, a brother, sister, an uncle, and an aunt all having died of consumption. Symptoms: cough, fever, night-sweats, loss of flesh and strength, with variable appetite. Two months' careful treatment gave no favorable results. The patient was then sent to Pueblo, Colo., where she remained about eight months, during which time there was a decided change in the symptoms for the better, and she gained fourteen pounds. She then came home under the promise to return should the symptoms again become severe. This, however, she failed to do until she had lost nearly or quite all the gain. She then went to Pueblo a second time, but failing to obtain the relief expected she became discouraged, and after a stay of six weeks her physician at Pueblo, Dr. R. W. Corwin, advised her return home. He said to her that she could be as well cared for at home, and stated to her friends that she would die. I saw her soon after her return, and fully endorsed Dr. Corwin's opinion.

The next day, January 5, 1892, you saw the case with me. Since that time the chemical treatment for consumption has been steadily pursued, except during an attack of influenza it was laid aside for a few days. I might say in this connection that the battle is on, but victory is not yet in sight. That she is alive to-day is a surprise to her friends who saw her on her return. She holds up well, and in the midst of very great fears we are hopeful. Her lung capacity has increased and her pulse lessened in frequency. She has less night-sweats and a good appetite. Very truly,

R. C. S. REED, M. D.

Dean and Professor of Materia Medica, Therapeutics and State Medicines in the Cincinnati College of Medicine and Surgery.

Case VIII.—Mrs. Margaret L——, aged sixty-five. Duration of disease, ten months. Symptoms: fever, temperature at first visit, January 5, 1862, 103.6 degrees F., pulse 120. Cough hard and straining, with a heavy, thick, tenacious muco-purulent expectorate, raising six ounces during the night. Loss of flesh, strength and appetite, with night-sweats. Dullness in upper portion of left lung, front and back. Constant pain in region of dullness. Moist rales in upper portion of right lung, both on inspiration and expiration. Pain in this region and under the shoulder blade on coughing. Complains of pain all along lower border of ribs, caused by the hard coughing spells that are required to dislodge the tenacious expectorate. Placed her upon the chemical treatment on January 5, 1892. January 28 she was able to get out of her bed and sit in a chair for a couple of hours. No more night-sweats, appetite and strength much improved. Continued the treatment, and at the present time, February 19, she has no pain whatever in the lungs. Dullness has disappeared, still has some cough, but it is not severe; appetite good, regaining strength nicely, and doing her own housework.

The following cases are reported by M. L. Amick, M. D., Professor of Anatomy and Diseases of the Nervous System, in the Cincinnati College of Medicine and Surgery.

Case IX. — Mike S——, aged twenty-eight, married. I was called to attend him November 17, 1891, as a consumptive patient, the mother informing me that he had consumption, and requesting me to go and see him, and do what I could for him. I visited him, found him very thin, weak, cough and night-sweats, and all of the signs of a consumptive. I wrote him various prescriptions, and gave him different tonics and cough mixtures, all seemingly doing no good. December 1, 1891, I placed him upon the chemical treatment. His improvement was slow at first, so much so that I feared that he would succumb to the disease, but I had him persevere with the treatment, and the result is that about February 8, 1892, he went to work at his occupation, and at present is still working.

Case X.—Mrs. McK——, aged forty-five, married. In September, 1891, she had typhoid fever, the result of which was the development of consumption. As she was very weak and feeble I had great difficulty in sustaining life. I placed her upon the chemical treatment December

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25, 1891. At present, February 19, 1892, she is beginning to sit up, is gaining, and I expect a complete recovery.

Case XI. — Miss B——, aged eighteen. Very thin, pale and weak girl, with a high fever ranging from 102 to 105 degrees F. For a number of days I was of the opinion that typhoid fever was developing, but the cough, peculiar sweat at night, and loss of flesh all seemed to point to the lungs, which in a few days showed marked dullness. As soon as I was satisfied that the lungs were the seat of the trouble I placed her upon the chemical treatment. It was several weeks before there was any perceptible change, and I was inclined to think that the case would terminate fatally. I had her persevere with the treatment, and, although her recovery was slow and tedious, yet when I saw her on February 19, 1892, she was entirely free from the cough, and had been at work for weeks.

Case XII.—Henry K——, had a clear case of consumption. He has been constantly under my care since April, 1891. I sent him away from the city during last summer. I gave him hypophosphites, cod-liver oil, malt, and every preparation that had any virtue in it for cases of this kind. He returned home last fall and resumed work. In two weeks he was down in bed and seemingly worse than ever. As soon as I could get the chemical treatment I placed him upon it, and watched him carefully for a few weeks, until he was up. I have not visited him since January 6, when he was slowly but surely improving.

Case XIII.—Mrs. K——, was taken sick in April, 1891, with a cough and hoarseness. Her family physician said it would disappear. She consulted an eminent throat specialist, who gave her great relief for the time being, but night-sweats developed and she lost flesh rapidly. In August she was under the care of a second physician, as her cough and sore throat had returned and was worse than it was in April. She then consulted a second specialist on the throat, with little or no relief. Then she passed under the care of an eminent professor in the profession, who treated her during the months of June, July and August, 1891. About December 26, 1891, I was called to attend her. I found her weak, emaciated, and coughing almost constantly. She was expectorating large quantities of a tough, darkish expectoration, which had a very unpleasant odor.

Upon examination I found complete solidification of the left lung with deep depression between all of the upper ribs of the left side. The solidification of the left lung was complete, and while her case had been diagnosed as consumption, there was an asthmatic complication with it. I placed her upon the chemical treatment December 26, 1891, and at this writing, February 18, 1892, the left lung has opened up one-half way down, so that you can hear the air entering the air-cells in the lung and see the expansion between the ribs. She is improving, and it is only a question of time until she will be in good health.

Case XIV.—Mrs. P—, aged twenty-five, married. In December, 1890, and January, 1891, I attended her for a severe attack of pneumonia, with a slow but fair recovery. In December, 1891, she caught a severe cold, and her lungs became rapidly involved. There was hoarseness, cough, night-sweats, loss of flesh and appetite, and great loss of strength. I immediately placed her upon the chemical treatment, and at the present writing, February 17, 1892, her recovery has been all that I could ask.

Case XV.—Mrs. R—, aged twenty-eight, married. I was called to see her on January 12, 1892. Family history: one brother died with consumption, another following in the same direction, one sister tubercular. Examination showed incipient consumption. She stated that she had been fed on morphine for twelve months or more. I placed her upon the chemical treatment for consumption as soon as I could obtain it. During the last two weeks (this report being made February 19) she is improving and doing well. At first the disease did not seem to yield to the treatment, but perseverance led to success.

I notice that in some cases there is scarcely any improvement the first week or two, but that need not discourage. I also notice that some do not like the treatment for the first few days, but they not only soon learn to like it, but say that they cannot afford to go a day without it. This lady is now doing all of her own housework for herself, husband and two children without any assistance.

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Cases XVI and XVII.—Mr. Shaeffer, aged thirty-five. A chronic rheumatic who has for a number of years suffered from both rheumatism and lung trouble. When called to treat him in November, 1891, I placed him upon the ordinary cough medicines and hypophosphites. His condition did not improve on this treatment. The hollow cough and dullness over the apex of both lungs gave me considerable anxiety. On December 1, 1891, I placed him on the chemical treatment, and in less than a week he expressed himself as feeling better. He seemed to improve from the day I placed him upon the treatment. His boy Willie, aged eight years, also had a troublesome cough. About the middle of December, 1891, I placed the boy upon the chemical treatment. He had only used the treatment one week when he said to his mamma, "I like it better than the cough medicine; it does me more good." They are now both well, the father at work at his trade and the boy at school.

Case XVIII.—Miss Nettie N—, single, aged twenty. She contracted a cold which settled on her lungs, accompanied with a severe and constant cough. Hereditary tendency to lung trouble. Was under treatment two months—result, recovery.

Case XIX.—James P., aged thirty-eight, married, bricklayer. Is subject to frequent colds, and has had catarrh, bronchial irritation, with a chronic cough for months. He was placed upon the chemical treatment and he appeared infatuated with it, as he said "it reached the seat of the disease." Result, recovery.

Case XX.—Mrs. Ida Myers, married, aged thirty-two years. Has had weak lungs for several years, and could not live in a damp or foggy locality. Consumptive appearance very decided. Sinking below right collar bone. Dullness all over upper portion of right lung. Loss of flesh and strength, hard cough and night-sweats. She was placed upon treatment November 3, 1891. On February 11, 1892, she writes from her home in Kansas and says: "I have been improving right along as well as could be expected. The treatment is doing its part, and I think a great deal of of it. I am feeling better now than I have for five years, for which we are very thankful."

Case XXI.—William M., McMillan street October 20, 1891, I was called in haste by a messenger who said, "Come in a hurry, for he is bleeding to death." Upon my arrival I found that he had a violent hemorrhage from the lungs. He was cold, pulseless, and scarcely able to speak. I placed him upon stimulants and used hot applications. As soon as he rallied from the shock I placed him upon the chemical cure for consumption. He has not had a hemorrhage since he began the treatment, and ever since January 2, 1891, he has been working at his regular employment, and is in a good physical condition.

Case XXII.—Mrs. S., aged twenty-seven, married, had an attack of pleurisy four years ago. Her father has had frequent attacks of spitting up of blood, and has had a cough as long as she can remember. One brother, twenty-three years old, has had a cough for several years. She has always had a cough, "a scratching cough from the bottom of her lungs like sandpaper." On October 7, 1891, she had a violent hemorrhage, which continued every few hours until October 11, when I was called to attend her. She was so weak and exhausted from loss of blood that she could only whisper. I stimulated her for nine days before there was any return of the pulse that could be felt at the wrist. Then I placed her upon the chemical treatment for consumption. It was not until November 25, that she could raise her head from the pillows. She has never spit up any blood since she began the treatment. At present, February 14, she still has a little cough, but is not only out of bed, but is doing her own housework, and everything indicates that she will have a complete recovery.

Case XXIII.—Charles K. Has had consumption for fifteen months. Inherits a disposition to catarrh and lung trouble. Symptoms: constant cough, hard and tight, hectic fever, loss of flesh, strength and appetite. Night-sweats profuse. Was confined to the house for four months, and gradually growing worse under the ordinary treatment. He was placed upon the chemical treatment September 27, 1891. Result: January 2, 1892, he was so near well that he went to work, and has continued to work every day from that time to the present.

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Case XXIV.—Mrs. S. Had some lung trouble three years ago, partaking of the nature of severe attacks of bronchitis. Since then she has lost flesh and strength. Has a dry, tight and hard cough, and night-sweats. Dullness at the apex of the left lung, sinking under the right clavicle, and jerking respiration, with prolonged expiration. She was placed upon the chemical treatment October 29, 1891, Result; completely cured.

Case XXV.—Mrs. S., aged forty years, slim, spare build. Symptoms: dullness at the apex of both lungs. Sinking below both clavicles. Bronchial respiration. Has had a cough for several years; night-sweats, Has had no hemorrhages from the lungs, but when a tooth is extracted it is almost impossible to stop the bleeding. Loss of flesh and strength gradually getting worse. Placed upon the chemical treatment November 4, 1891. Result: is now about well, and does all of her own housework.

Case XXVI.—(Reported by Dr. C. E. Thompson, of Covington, Ky.):

COVINGTON, KY., February 17, 1892.

DR. W. R. AMICK—Dear Doctor: I have tested your treatment in my practice, and it is the best treatment for diseases of the lungs, like consumption and asthma, that I ever used. I will report the following case:

James S—, aged sixty, has had a chronic cough for forty years. This was probably due to his trade as a moulder. For the past two years he had been gradually getting worse, and has been compelled to give up his work. During this time he has spit blood and lost both in weight and strength. On the first of this month he was in a condition that, under the ordinary treatment he could not live more than a few days. He would cough up a thick tenacious sputa that was as black as tar; had night-sweats, and had gradually lost strength until he was completely prostrated. There was decided dullness in the upper portion of the left lung. Below the dullness there were moist rales. Expiratory sound prolonged. Right lung resonant. In this condition he was placed on your treatment on the second day of this month. At the present time, February 17, on examination I find that the dullness has completely disappeared, and the upper portion of the left lung is as resonant as the right.

Yours respectfully,

CHAS. E. THOMPSON, M. D.

Medical Examiner Prudential Life Insurance Company.

Case XXVII.—(Reported by P. T. Williams, M. D., of Cincinnati, O.

CINCINNATI, O., February 17, 1892.

DR. W. R. AMICK.—Dear Doctor: I have had under my charge for several years a case of the most persistent catarrhal inflammation of the mouth, posterior nares, pharynx and bronchial tubes. During this time I have used all the different remedies that I could think of myself that are used in cases of this kind, and have used a number that have been suggested by other physicians. Your treatment has done more good than all the others and affords material relief. Your treatment will certainly prove most beneficial in catarrhal inflammations of the air passages, especially asthma and consumption.

P. T. WILLIAMS, M. D.

Case XXVIII.—Mrs. N., aged twenty-five, married. A chronic rheumatic. Symptoms: loss of flesh and strength; dry, tight cough, night-sweats, sinking below clavicles; eating causes sickness at the stomach, followed by diarrhea, presenting a condition generally that looked unfavorable. She was placed upon the treatment December 5, 1891. Result: February 20, 1892, recovery.

We could report more cases of consumption, but we think the above are amply sufficient to prove what the chemical treatment will do for that disease. We will now report a few cases to prove that it will cure

ASTHMA.

Case XXIX.—Mrs. M., aged fifth-nine. Asthma and bronchial cough. She was placed on the chemical treatment for asthma and completely relieved in one week. No return of any asthmatic symptoms since.

Case XXX.—Mrs. Z., aged forty-three. Asthmatic history. Has had asthma for three years. She was placed upon the chemical treatment December 16, 1891. The husband reported that she did not suffer any more with asthma after the first night.

Case XXXI.—Fred G., aged thirty-six. On December 16, 1891, he had a severe attack of bronchial asthma. He was placed upon the chemical treatment at once with almost instant relief, and has had no more attacks.

Case XXXII.—Mr. W., had a severe attack of bronchial asthma. He is of a consumptive habit. He was placed upon the chemical treatment for asthma with the very best of results.

Case XXXIII.—Mrs. Macht, aged twenty-eight. In December, 1891, she had a severe attack of *la grippe* followed by bronchial asthma. She was placed upon the chemical treatment December 20, 1891. In two weeks she was relieved and resumed her housework.

Case XXXIV.—A prominent business

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gentleman here in the city, whose name and address I will furnish to any one desiring it, has had asthma for the last sixteen years. He was treated here without deriving any special benefit. Naturally desiring relief, and, if possible, to be cured, he went to a warmer pine-tree climate, where there was an institution for the treatment of lung trouble. He remained there for some time, but it did him no good. He was informed by the physician in charge of the institution that he was incurable. He then came home. A friend told him of a physician in New York that made a specialty of treating asthma, and advised him to consult this physician. He went East and called on the physician, who stated that he could cure him. He was placed upon treatment and for awhile derived some benefit. In a short time the medicine failed to do him any good and his asthma was as severe or even worse than ever.

He would wake up in the morning, and, if he did not have an attack immediately he was afraid to move a hand or foot for fear that it would bring on a paroxysm. Then he would try to get out of bed by slow and graded movements, but he could not escape or avoid it, and every morning he would suffer intense agony for about two hours. During the day the least exertion or excitement or mental strain of any kind brought on an attack, This constant strain was overcoming his nervous system.

There were two centers of depression that felt like heavy weights. One was in the chest and the other was in the abdomen. With the constant recurring asthmatic paroxysms there was developed a gloomy and despondent disposition with dismal forebodings. The sensations of depressions in the chest and abdomen were increasing, and it was only by the exercise of all the will-power he could command that kept him from terminating this increasing miserable existence.

His mental anxiety was so great that he "died every day." During the paroxysms he would suffer untold agony, and in the intervals between the attacks there was no relief, for the dread of the next one, which was sure to come, constantly stood up in front of him, like Banquo's ghost, and "would not down at his bidding." Life was fast becoming so heavy a burden that he could not carry it much longer. He was contemplating to quit business and seek some climate or place where he could have some relief from this terrible anxiety and depression of spirits.

In this condition I placed him upon the chemical treatment for asthma on the 30th of January, 1892. I saw him to-day, February 24. He has been under treatment not quite four weeks, and is mentally a new man. The centers of depression "have disappeared like a fog." The gloomy forebodings are gone. The frightful paroxysms are a thing of the past. There is no dread of the next time or the next morning. His mind is at ease, his nervous system is calm, he can think and study about his business with his old-time vigor and he is happy within himself. He said to a physician the other day: "Since receiving this treatment I do not think about going away, but will be found doing business at the old stand."

The following cases are reported by Dr. M. L. Amick:

Case XXXV.—Mr. M., aged forty-eight. Was called to see her January 12, 1892, and found her suffering with bronchial asthma. Her history showed that she had been suffering with a tight, dry cough and labored breathing for some time. Posterior portion of lungs filled with exudate. I gave her the regular cough and asthmatic remedies, such as potassium iodide, lobelia, grindelia, spts. æth. co., menthol, camphor, quinine, iron, arsenic and strychnia, in syr. of hypophosphites, but without relief. On January 18, 1892, I placed her upon the chemical treatment. She was so much relieved that I ceased my visits on January 29. She has been perfectly free from asthma ever since.

Case XXXVI.—Mrs. Metzger, aged sixty-six. Was called to attend her on December 22, 1891. Found her suffering with asthma, unable to lie down, lips bluish, breathing very short and spasmodic, limbs swoolen, heart feeble in action. I immediately placed her upon the chemical treatment. February 5, 1892, I dismissed her as entirely cured. She said upon my last visit that "this treatment was the best friend she ever had, and that she could not live without it in the house."

Case XXXVII. — Mrs. R. Was called

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to see her December 20, 1891. Found her suffering with asthma, unable to lie down, lips blue, and breathing very laborious. I placed her upon the chemical treatment, and watched her for seven days, when she was so much improved that my services were no longer required. Her husband has since reported her condition as good.

Case XXXVIII.—Mrs. R., aged forty-four. Was called to visit her January 27, 1892. Found her suffering with asthmatic breathing and croup. Prescribed an anodyne cough syrup. January 30, not being relieved by the cough syrup, I placed her upon the chemical treatment for asthma. Discharged her on February 15, with the asthmatic breathing relieved and scarcely any cough.

Case XXXIX.—James B. Corbett, aged nineteen, messenger in Cincinnati Post-office. Had had asthma for twelve years. The attacks come on generally about 10 o'clock p. m., and last all night, and sometimes for two days and nights. Attacks tight and dry. Has been treated by various physicians. Has used every remedy that any person could mention, but never received any relief until I placed him upon the chemical treatment for asthma, and this has given him complete relief. He called at my office on February 20, 1892, and made the above statements.

Case XL.—Mrs. S., aged thirty-eight. called to see her on December 16, 1891. Physicical examination revealed difficult breathing, and the posterior portion of the lungs laboring with a mucous rattle, loud, deep and sonorous wheezing, showing a violent attack of asthma. Unable to lie down; Almost a complete stagnation of air in the lungs. Worse at night, no sleep, and her countenance was one of great distress. I placed her upon the chemical treatment, and soon produced a copious, heavy expectoration, filling two or three spitoons during the night. Her difficulty of breathing was constant for eleven days, when it ceased under the treatment. She made a complete recovery.

COLUMBUS, O., Febuary 19, 1892.

DR. W. R. AMICK, 193 W. Seventh Street.

My Dear Doctor: I have carefully considered your chemical cure for consumption and asthma, both as to the cause and treatment, and I regard it as the most natural and logical theory and treatment that I have ever seen advanced. I sincerely hope and believe that your treatment, based upon the theory that you have advanced, will result in much benefit to mankind.

Yours truly,

J. W. WRIGHT, M. D.

Professor of Ophthalmology in the Medical Department of the Ohio Medical University.

COLUMBUS, O., February 26, 1892.

DR. W. R. AMICK, Cincinnati, O.

Dear Doctor: There are three things that attract attention in your chemical cure for consumption and asthma. First, your theory is new, original with yourself in that it attempts at least to account, not only for the presence of the tubercle, but for the origin of the producing principle, the very thing that no one before has attempted, a knowledge of which is absolutely necessary for a rational treatment. Dr. Koch has said, "the skipper produced the cheese," but he has not enlightened us as to what produced the skipper.

The rational process of treatment would then be to supply that element, or those elements, which are lacking, to continue the formative process, chemically to completion. It would be marvelous if you were absolutely correct, but you must be very near the truth, a statement that can not be made of the other theories. You have occupied the only rational field that there is in these diseases, and your investigations will lead to good results, not only in consumption and asthma, but in other morbid conditions of which, at present, we know but little. Yours fraternally,

D. P. ADAMS. M. D.

Ohio Medical University.

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Physicians' Reports.

OFFICE OF A. F. JUETTNER, M. D.,
Bacteriologist and Microscopist. CINCINNATI, O., August 10, 1892.

Case XI.—Mrs. S—, Scioto St., twenty-eight years, Sister died of consumption.

First Examination, March 24, 1892.—Extreme emaciation, unable to do any kind of work; has had several hemorrhages. Profuse expectoration; sputum purulent, extremely fetid, mixed with blood and swarming with millions of bacilli.

Second Examination, April 11, 1892.—Patient has gained in flesh and strength, is very hopeful; voice clearer, no hemorrhage for two weeks; sputum purulent, fetid, tinged with blood, bacilli very numerous.

Third Examination, April 24, 1892.—Patient gained more weight. Is able to be out of doors. Menses reappeared. Sputum yellowish green, muco purulent, bacilli numerous.

Fourth Examination, May 23, 1892.—Patient able to do her housework. Sputum muco purulent, free from blood; bacilli less numerous.

Fifth Examination, July 16, 1892.—Patient has done all her housework, and nursed her six-year old daughter during an attack of typhoid fever. Sputum mucus, containing pus and scattered bacilli. Nearly impossible to find any.

August 8th, patient went to the country. A. F. JUETTNER, M. D.
Professor of Physiology and Histology, Cincinnati College of Medicine and Surgery.

Paintsville, Ky.

Please send me one outfit for Phthisis Pulmonalis. My test patient, Mr. Rice, is doing well considering his extreme condition. I will make a complete report of the case in a few days.

W. T. ATKINSON, M. D.

Rich Pond, Ky.

Our patient, Clarence Rogers, has been taking the chemical treatment for consumption only about two weeks, yet I find his night-sweats almost ceased, and he coughs less. B. S. RUTHERFORD, M. D.

Shelbyville, Tenn., April 18, 1892.

It will be two weeks to-morrow since my wife commenced taking the chemical treatment for consumption. There has been evident and gradual improvement ever since. She is now hopeful and the change for the better greatly cheers her. She frequently remarks what a change and relief. She sleeps well and does not cough so much. Her cough is easier. This marked improvement shows in the face of bad, cold raw weather. JUDGE B. M. TILLMAN.

Shelbyville, Tenn., April 20, 1892.

I saw Mrs. Judge Tillman to-day, and find an improvement in her condition. She has had no fever for nearly two weeks. No night-sweats, coughs much less frequently, expectoration diminished, sputa lighter colored, pulse steady and regular. Mucous rales less observant, and upper part of left lung not so dull, indicating improvement. She suffers no pain now, sleeps nearly all night. The medicines are helping her.

R. F. EVANS, M. D.

Shelbyville, Tenn., May 6, 1892.

I am glad to say that there has been a continual improvement in my wife's condition since I wrote you last. I want you to send another outfit of the pure remedies you compound yourself, as they have proven beneficial thus far, and I do not want her to loose the good results of continuing the treatment without interruption. I have instructed my son to return home from Kerrville, Texas, and will expect him to at once place himself upon your chemical treatment. Dr. Evans has also advised it. JUDGE B. M. TILLMAN.

Kane, Ky.

Dear Doctor:—I am the man who came to see you three Sundays ago with a letter from Dr. Brown, to get your treatment for my wife. I want to tell you she has gained seven pounds in the last two weeks and everybody is wondering and talking about the rapid cure your medicines make. You will get hundreds of patients from Campbell County as the result of this, as everybody knew her condition and is surprised now to see her going about when we all thought she would die sure. Dr. Brown will tell you all about the case and how exeited everybody is about it here.

JOHN O. STEPHENS.

Kane, Ky.

Mrs. Brown is doing well on the chemical treatment. She is out to-day working in her garden with her flowers. Has no cough; no fever. No night-sweats and good appetite.

Case of Mrs. Stevens: She is up and around now. Night-sweats stopped. Is improving well, and I am quite sure will continue to do so.

Case of Miss Amanda Tarvin completely cured. Her health was never better before in her life, and she says Dr. Amick's treatment has done it.

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Doctor, your chemical treatment can not be equalled, and I shall continue its use in my practice for all lung troubles.

D. S. BROWN, M. D.

Crosstown, Ohio.

Mrs. Burr has been taking your treatment nine days and she has no night-sweats. Lungs clearing up nicely, good appetite and cheerful. All changes noted are on the line of improvement.

J. K. BRAMER, M. D.

Good Hope, Ohio.

Our patient, Mr. Rife, is improving. Is gaining strength. Looks better. His lungs are clearing up. Coughs less. Has less rales. J. W. HUGHEY, M. D.

Russelville, Ohio.

Send another outfit for consumption. Our patient, Mr. Mann, is getting along finely. A. GILFILLEN, M. D.

Anna, Ohio.

Please send me another month's treatment for consumption. Our test patient is doing well. The medicines are doing the work. J. F. GOODE, M. D.

Guysville, Ohio.

Martin Hess has been improving nicely ever since he commenced to take your chemical treatment.

E. D. HARPER, M. D.

Hayden, Ind.

My last asthma patient is doing fine. Send another outfit for consumption.

C. C. AMICK, M. D.

Roseville, Ohio.

I have observed good results of your chemical treatment here, and desire to test it myself. Please send outfit for consumption. O. M. NORMAN, M. D.

Frankfort Ohio, April 27, 1892.

I have been on the chemical treatment for asthma nine days, and can report the most remarkable results. My troublesome cough is much better; in fact I only cough a little now when I first get up. Heretofore coughed night and day. All wheezing has stopped. Soreness in right lung is gone. The centres of depression have disappeared. I now expectorate very little. Sleeping much better, and enjoy the best rest that I have had for many months. Appetite is improving. I now feel hungry, and my meals do not hurt me after eating. I am feeling better in every way. There are many others getting ready to come down and get treatment from you. The chemical treatment is all right.

L. M. MATTESON, M. D.

Rogers City, Mich.

My patient was placed on the chemical treatment, and in one week there was a wonderful change, but they allowed him to be exposed and caught a severe cold which gave him a set back. The lungs are again clearing up, and he is beginning to improve.

CHAS. W. ISAMINGER, M. D.

Frankfort, Ohio, May 9, 1892.

I am feeling still better. Improving every way. On Friday I took a lawn mower and cut the grass in a large yard. For years I never thought of doing such a thing; I am a surprise to myself and everybody else. I did not stop from the time I commenced until I finished. I cannot find language to express my feelings; I am a new man. My trouble is all gone and my ambition has returned.

L. M. MATTESON, M. D.

Peebles, Ohio, July 18, 1892.

Dear Doctor:—Please send one outfit for Phthisis Pulmonalis. My patient is benefitted by the treatment; I am also considerably improved myself under the chemical treatment.

J. M. WITTENMYER, M. D.

Elida, Ohio, July 18, 1892.

Dear Doctor:—Please send month's treatment for tuberculosis of the larynx; I am confident that I am improving under the chemical treatment. R. RICE, M. D.

Cleves, Ohio, July 19, 1892.

Dear Doctor:—A Niagara of laudations for you and your method of treating tuberculosis; I send you the *Gleaner* as a monthly reminder of my appreciation and gratitude.

W. C. COOPER, M. D.,
Editor *Medical Gleaner.*

Logan, Ohio.

My daughter has greatly improved under your chemical treatment.

N. BLOSSER, M. D.

Mt. Sterling, Ohio.

All of my patients are doing well; the chemical treatment does the work.

SHERMAN LEACH, M. D.

Rockford, Ohio, July 25, 1892.

Dear Sir:—Please send me one month's chemical treatment at once; my last case, Mrs S——, is improving wonderfully, now gaining both strength and weight.

T. G. MCDONALD, M D

Williamsburg, O.

Send another outfit for consumption; I have never seen such remarkable results in all my medical experience. G. L. HINES, M D

Elida, Ohio.

My test patient had a complication of consumption and asthma; has tried every known remedy; your chemical treatment was the first and only one to give her relief.

S. A. HITCHCOCK, M D

Independence, Ky.

I never saw such results before with any other line of treatment for these diseases, and I have tried all of them. JOHN F. LOOMIS, M D

Roseville, Ohio.

From the results in my test cases, I am prepared to say your chemical treatment is a wonderful discovery. A. W. CARTER, M D

Laurel, Ind.

Remarkable! I am more and more impressed as I watch the progress of the treatment in the cases under my care.

JAS. L. HENDRICKS, M D

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Jackson Centre, Ohio.

Send another outfit for consumption at once. My other patients are improving so fast that this one is impatient to begin. My first test patient is getting well fast.

J. M. CARTER, M. D.

The following reports give a correct idea as to the generally favorable impression made by the "Chemical Treatment" upon the medical profession. If we could spare the space we could publish hundreds of similar reports, but we think best to utilize this space by giving a partial list of the physicians who have placed from one to thirty cases each under the chemical treatment.

In the face of this formidable evidence, we hardly believe that anyone will say that the chemical treatment is an experiment. Living evidences are fast becoming scattered throughout the land, that this is the first and only treatmeut that has stood every test in the experienced hands of the physician. It is becoming generally accepted as the only treatment that can be relied upon in pulmonary diseases.

It would be impertinent assurance for anyone to say that possibly all of these physicians and their patients are misled or mistaken:

Dr J W Prendergast, Chief of Cincinnati Health Dept
" R C S Reed, Dean Cincinnati College Medicine and Surgery
" M L Amick, for 22 years Professor of Anatomy, Cincinnati College Medicine and Surgery
" C E Thompson, Examining Surg Prudential Life Ins Co, Covington, Ky
" D S Brown, Kane, Ky
" A F Juettner, Bacteriologist and Prof C C Med and Surg
" J M Shields, Secretary Jackson County Board of Health, Seymour, Ind
" D W Thompson, Sardinia, O
" G W Davis, Lockland, O
" J W Hughey, Good Hope, O
" N H Blosser, Logan, O
" G L Hines, Williamsburg, O
" J F Loomis, Independence, Ky
" W H Yelton, Butler, Ky
" M F Gerrish, Seymour, Ind
" C V Herdliska, Dayton, Ky
" Chas Kearns, Covington, Ky
" G F Woodring, Bartlesville, Ind Ter
" D H Hare, Washington C H, O
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" O B Yeager, Glencoe, Ky
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" B A Dulaney, Florence, Ky
" E D Harper. Guysville, O
" J W Barnes, Hallsville, O
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" T J Bowman, Clermont, O
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" John W Seeley, Red Bud, Ills
" J B Beckett, Powersville, Ills
" W F Hughey, Yellow Bud, O
" Wm B A McNutt, Minerva, Ky
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" C M Lenhart, Zanesville, O
" G W Moody, Shelbyville, Tenn
" J G Fessenger, Tecumseh, Okla Ter
" A M Templeton, Zanesville, O
" T A Hays, Burns City, Ind
" W C Hewell. Umatilla, Fla
" J A Smith, Brownsville, Ind
" A L Mann, Elgin, Ills
" W H Hitrebeck, Windsor, Ill
" J E McQuain, Spencer, W Va
" C A Runyan, Elvaston, Ills
" M McMahon, Irving, Ills
" J W Smith, Vevay, Ind
" W B Lynch, Lake Mary, Fla
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" J J Robinson, Ellenburg Centre, N Y
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" Carter & Wagner, Ft Wayne, Ind
" A H Mouser, Hedges, O
" R C Biggs, Ashland, Ky
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" C E Smith, Lake City, Kas
" J C Wilson, Donnellsville, Ills
" L C Smith, Enterprise, Ark
" J C Hardesty, Millville, Ind
" G W Chabot, Otway, O
" John P Walker, La Monte, Mo
" W C Cooper, Cleves, O
" J J Elcan Mason, Tenn
" A B McGill, Moscow, O
" A S Clark, Beverly, O
" A A Heier, Moons, O
" G F Robinson Charleston, W Va
" D F Hudson Russell, Ky
" W W Essick Murphysboro, Ill
" J W Cornell Hazelwood, O

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" J F Goode, Anna, O
" L C Pratt, Bellfontaine, O
" L F Keever, Belleville, W. Va
" E B Jones, Wellston, O
" J H Bozell, Columbus, Ind
" John G Reed, Elmwood Place, O
" Geo H Greeley, Syracuse, Ill
" Thos J Burns, Sea Cliff, N. Y
" R T Wood, Paris, Ky
" C K Crummit, Jackson, O
" I K Mott, Cincinnati, O
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" J T Miles, Bryant, Ind
" R V Ferguson, Hadensville, Ky
" W E Thompson, Bethel, O
" W T Dunlap, Cincinnati, O
" G M C ..erwood, Greenville, O
" B D Granger, Hillsborough, O
" H H Duley, Smithville, Ky
" J N Proctor, Elizabeth, Ky
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" A H Garnett, Tucson, Arizona
" D D Bramble, Prof C C Med & Surg Cincinnati, O
" D W Burdick, Tollsborough, Ky
" C J Spence, Elmwood Place, O
" N M Baskett, Moberly, Mo
" J S Montgomery, Huntsville, O
" B S Rutherford, Rich Pond, Ky
" J C Douglass, Franklin, Ky

Dr. DeTarr and Ireland, Winslow, Ind
" Saml R Fisher, Headquarters, Ky
" W S Scurlock, New Holland, O
" I W Goddard, Urbanna, O
" Wm Perry Watson, Jersey City, N J
" Azel Pierce, Camden, O
" J A Wright, Toledo, O
" J M Meek, Morgan, Ky
" T J Pritchard, Huntington, W Va
" A B Grant, Ionia, Mich
" E W Love, Fayetteville, O
" B H Scott, Okeona, O
" Chas W Aitkin, Flemmingsburg. Ky
" D D Grier, Gays, Ill
" Wm H Schrieber, Hanover Center, Ind
" C B Schoolfield, Dayton, O
" B F Zeller, Christiansburg, O
" J W Rutherford, Sharpsburg, Ky
" C V Crooks, Scranton City, Ia
" John Franke. Chicago, Ill
" C O Munns, Oxford, O
" B C Toller, Astoria, Ill
" J L Buxton, Rockport, Ind
" R G Hall, Spencer, W Va
" D Sigler, Elmwood, Ind
" J W Rhodes, Glouster, O
" F M Anderson, Newtonville, O
" J Y Deshong, Judsonia, Ark
" H W Williams, Batavia, Ill
" A F O'Bryan, Long View, Tex
" J F Davis, Zanesville, O
" C C Riley, Chillicothe, O
" J H Christie, Canaan, Ind
" F W Jewett, Meigsville, O
" J F Galley, Cincinnati, O
" L W Armentrout, Mt Vernon, O
" W H Grayson, Murray, Miss
" F H Hurd, Dexter City, O
" S T Rawling, Josephine, Ky
" W S Pollard, Evansville, Ind
" J A Glasgow, Bell, O
" T W Gronendyke, New Castle, Ind
" T W Blacklock, Leando, Ia
" A Cornish, New Bedford, Mass
" John B May, New Holland, O
" G W W Walker, Roseville, O
" W O C Harding, Elmwood Place, O
" A M Drew, Welldon, Ill
" D Madill, San Francisco, Cal
" Thos G Farr, S Charleston, O
" O B Yager, Glenco, Ky
" J H Crouch, Dry Ridge, Ky
" W B Doan, Amelia, O
" J C Wagner, Allentown, Pa
" E H Cowan, Crawfordsville, Ind
" V H Gasklll, Pancoastburg, O
" R V Ferguson, Hadensville, Ky
" R M Weir, Bloomington, Ind
" D F Dayton, Trinidad, Colo
" C S Williams, Pleasant Ridge, O
" J R Allen, Covington, Ky
" J M Carter, Jackson Centre, O
" E K Westphal, Bushnell, Ill
" R M Tevis, Brooksburg, Ind
" R T Thralls, Hymera, Ind
" J W Morrison, Springfield, O

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Dr. Wm W House,	Lincoln, Ill	Dr. W W Maguire,	Metamora, Ind
" G C Meyers,	Dayton, O	" M S O'Brien,	Pevely, Mo
" O E Francis,	Dayton, O		

Average Reports.

Charleston, W. Va., July 23, 1892.

Dear Sir:—I am under your chemical treatment, ordered through Dr. T. J. Prichard, of Huntington. The results are splendid. I am gaining in flesh and the cough and expectoration are less by one-half. Mine was a clear case of advanced consumption attended with free hemorrhages.

IRA R. WOOD.
Chief Clerk, Post Office.

Willow Island, W. Va., July 25, 1892.

Dear Doctor:—I am taking your chemical treatment for lung trouble through Drs. Keever, of Belleville, W. Va., and I want to say to you myself that it goes right to the seat of the disease.

ALF. W. BURNETT,
Supt. Eureka Detective Ass'n.

Reedville, W. Va.

I am taking your treatment through Dr. Hall, of Spencer, W. Va., and can report excellent results in every way. I have quit spitting blood, can now eat, and can hardly get enough, and gaining flesh. My sister, Rose Mount, is also taking the treatment through Dr. McQuain, of Spencer, W. Va.

MISS RUSH MOUNT.

ERNEST BENDER, *of Hamilton, O., reports:*

I have had 300 injections of Koch's lymph and have tried every known remedy as well as doctored by the best physicians, but the chemical treatment did me more good from the very start than all the others combined.

Altoona, Pa., Sept. 14, 1892.

Sample medicines prove satisfactory in test case, Send me a month's supply.

J. WESLEY ALLEN, M. D.

Marlborough, Mass., Sept. 16, 1892.

My test patient has improved. Send a month's treatment.

J. CAMBELL, M. D.

Philadelphia, Pa., Sept, 16, 1892.

My test patient improves under sample medicines. Send one month's supply.

I. B. GILBERT, M. D.

Wiconisco, Pa., Sept. 18, 1892.

Our test patient is doing finely on sample medicines. Send one month's supply.

C. D. CHRISTMAN, M. D.

Snow Hill, Md., Sept. 15, 1892.

Results of sample treatment more than pleasing. Patient improved in every symptom. Words will not express his gratitude. Send a month's treatment.

PAUL JONES, M. D.

Case of H. A. NORTHCOTT,
New Trenton, Ind.

Contracted asthma in camp at Louisville, Ky., in 1865. Had doctored ever since. Traveled over the country and tried every remedy he could hear of.

Heard of the "Chemical Treatment" while in Texas, through friends at home. Came to Cincinnati June 14. Took one hour and repeated rests to go five squares from Union Depot to Dr. Amick's office at 166 West Seventh Street. Could scarcely walk at all, could neither eat nor sleep. Had given up all hopes of relief. Reported July 18, after thirty-three days treatment: June 14, weighed 120½; July 18, 137½. Virtually a new man in every respect. Eats and sleeps as well as anybody, although had been a sufferer for twenty-seven years.

12,000 NEW TEST CASES NOW UNDER TREATMENT.

☞ We have enough reports like the foregoing to fill every page in this journal were it necessary to publish them.

For all information address

The Amick Chemical Co.,

166 West 7th Street, **CINCINNATI, O.**

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—THE—

MEDICAL SUMMARY,

A MONTHLY JOURNAL OF

Practical Medicine, New Preparations, Etc.

R. H. ANDREWS, M. D., Editor, P. O. Box 1217, Philadelphia, Pa.

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R. H. ANDREWS, M. D., PROPRIETOR.

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PHILADELPHIA, DECEMBER, 1892.

WHAT SHALL THE HARVEST BE?

With the approach of the winter solstice the physician will renew the battle with la grippe, typhoid fever, pneumonia, and the various catarrhal and malarial disorders; and we have become so familiar with their individual forms that diagnosis is easy. Even where there are complications little trouble is experienced in differentiating. The array of rheumatic, neuralgic, and pleuritic pains, and the various cardiac lesions of substance and function may complicate, but each is expressed by a sign or signs that proclaim its true character. No lack of care should make an early diagnosis less valuable; right treatment depends on its correctness; valuable lives depend on right treatment.

These maladies will show our best skill. Let it be treasured in the memory that pneumonia annually carries off thousands of victims. How much of the future mortality shall, with fairness, be attributed to professional carelessness? How much of our skilled help shall the la grippe need and not receive? How many cases of typhoid fever shall languish and die because of a wrong diagnosis, or ill-advised treatment? The frail and broken-down die of single pneumonias for want of sustentation, but double pneumonias kill the strong because the heart is overwhelmed, and no man can prevent it. La grippe, typhoid fever and malaria undermine the foundations of health, and thus prepare the way for the fatal assaults of other diseases. However, we borrow comfort from the reflection that our weapons of warfare are superior, and we, therefore, better equipped. For the fever, the pain, discomfort and unrest, and for the neuralgias and rheumatisms that complicate, we have such auxillaries as acetanilide, antikamnia, antipyrine, salicylate of sodium,

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salicylate of cinchonidine, and many others of perhaps less efficiency Acetanilide is a sure and safe heat reducer, antikamnia a superb analgesic for pains of neuralgia and rheumatism, while the salicylates answer admirably where the others fail to yield a full measure of effect.

CHOLERA.

That cholera is contagious, that comma bacillus, whose exclusive habitat is the alimentary canal, are facts established by a history of the disease, may be verified by anyone who has the means and opportunity to investigate for himself. The cause is a vital one, capable of rapidly propagating its species, of enduring for indefinite periods of time, and of resisting changes of place and climate; wherefore it is communicable and transportable, and for that reason may be quarantined.

If, according to a once-popular notion, it depend on occult atmospheric and terrestial influences, alike intangible and imcomprehensible, quarantine *per se* would avail little; all there would be to do would be to put one's house in order and, in a state of masterly inactivity, await the unavoidable. However, a more salutary sentiment prevails, founded not on chimera, but on facts—the irrefutable deductions of scientific research and experiment.

From the foregoing premises we conclude that cholera can be hindered, and its disastrous march from country to country checked by rigorous quarantine measures, which challenges, without discrimination, no half-way essaying, but a determined, vigilant effort. We therefore believe that one of the duties of the hour is to conscientiously, vigilantly and zealously advance the only known barrier to its introduction and spread—namely, effective quarantine, municipal and governmental, continued unrelaxed, and to cease only when infected ports and places in Europe have perfected their sanitary conditions, and can therefore show a clean bill of health.

Grave responsibility rests on those in anthority, involving, as it does, the weal or woe of thousands. May it be wisely and bravely met, and everything feasible done to achieve our safety from the devouring plague.

PERIODICALS.

Year by year the conviction grows stronger that periodicals for the busy, everyday, general practitioner should be filled only with brief, plain and pointed articles, making a practiced reflex of active bedside experience and observation, and the conclusions therefrom. Learned lectures and elaborately written disquisitions, stuffed with dazzling generalizations and wearisome details and illustrations to embellish a favorite theory, and page after page devoted to the elucidation of some rare case, or some unique operation in some unique case, rarely or never seen before, and not likely to be seen or heard of again, are not food for the minds of nine-tenths of the practitioners. Such articles are curiously glanced over by a few; the great majority never read further than the headlines and opening sentences.

Why is matter that could be more clearly, cheaply and better expressed in one page, made to occupy half a dozen such pages? Why are books that should be neat 12mos or small octavos of two or three hundred pages, paraded as ponderous octavos of 750 or 1000 pages, at two or three times the cost? The spirit of the period demands condensation in quantity of matter and style of writing, with increased clearness, value and cheapness, to the end that purchaser, writer and publisher may alike share the profits.

Physicians are invited to contribute to the "Favorite Prescriptions" and other departments of the SUMMARY.

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Original Communications.

Brief and practical articles, *short* and *pithy* reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the SUMMARY must be contributed to it exclusively. The Editor is not responsible for the views of any contributors.

Write *only on one* side of the paper.

REMINISENCES OF FIFTY YEARS IN THE PRACTICE OF MEDICINE.

BY ABRAM LIVEZEY, A. M., M. D., YARDLEY, PA.

(*No. 2.—Period 1845-1860.*)

In the fall of 1847 a fever broke out at Ringoes, N. J., a few miles northeast of Lambertville. The fever was (or became through bad treatment) of a malignant type, which I thought was simply a typhoid endemic of local origin, from some local, but obscure, cause, which was never investigated or solved. I judged this to be the fact, because some six miles north of this village a John Johnson, a young, healthy farmer, was attacked with a persistent fever of the typhoid type, and I was called to attend him. I adopted Prof. Dunglinson's almshouse treatment, which consisted in an occasional dose of castor oil to remove offensive and irritating secretions from the alimentary canal, and sponging the body when steadily hot and dry. As mere placebos, or to satisfy the family, I sometimes gave small doses of sweet spirits of nitre, or minute doses of ipecac, with mucilaginous drinks, hot milk, etc.

The fever was gradually abating, tongue cleaning and convalescence was about being fully established when his parents took the notion of sending for their old family physician, an octogenarian, from the fever-stricken district above mentioned. He came with smiles and smirks, and knee-breeches, and big buckles on his shoes, and told me that not only this large family, but nearly the whole community were his children, etc., etc. He admitted that the patient was doing well, but that there was danger of relapse, which he had frequently seen. He seemed surprised that I had given the patient no calomel; he would be afraid to trust him yet without a little of the metal—say two grains every six hours, with some nitrous powders (antimony and nitrate of potassa) between!

I felt grieved and had a presentiment that my patient would be much worse the next day, and so answered the anxious inquiries of his family and neighbors. But it was presumed the "old doctor knew best," for had he not "age and experience on his side?" Suffice it to say my forebodings were realized; my patient rapidly grew worse and succumbed to the treatment. The mucous membrane of the bowels, with all the glands of Peyer and Brunner were, I presume, emptied into the water closet. He became tympanitic, and delirious from translation of irritation set up by the harsh treatment, which neither fomentations or blisters to the abdomen and to the nape of the neck, Dover's powder, etc., (under the advice of another consulting physician) could subdue.

This was the course of treatment, with the addition of bleeding very frequently. I learned subsequently that all patients were subjected to it by this man of "age and experience," and they died like sheep with the rot, and from two to six were carried to the churchyard at Mt. Airy from individual families. Funeral sermons of the stereotyped order were delivered to console the bereaved—saying that "it was God's will," that "all was for their good," that "He chasteneth those whom He loveth," and that "we must not murmur against His providence!" What miserable bosh was all this! They were simply killed—doctored to death.

From this one case of mine, in and from that same farmhouse, there originated twenty-nine cases—eleven, I think, in the family, as it was a very large one with two "crops" of children—five young men and two grown girls, two or three younger children, etc., a suckling babe and the father of the lot. They all promptly recovered under the simple treatment before mentioned—the do-little, do-nothing treatment of Dunglinson: oil and injections on alternate mornings, spongings, bathings, a milk and mucilaginous diet—the dryer the tongue the more mucilage; there was but little tympany, some nasal hemorrhage, no delirium, for there was no cause for any; a little hemorrhage from the bowels in some, but when they recovered—which was prompt after the twentieth day—they were exceedingly well,

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Of the hired help—men and women, and one woman who went twice a day to nurse the babe about one-fourth of a mile distant, the mother's sister, living a mile or more away, who was there much in the beginning—there were eighteen who were attacked. They went to their respective homes in the neighborhood to lie sick and be nursed. I followed them, and by pursuing the same plan of treatment they all recovered, and *not one of their nurses or attendants was attacked*, showing conclusively that there was some local cause for the fever in or about the Johnson farmhouse.

The next fall (1848) the fever again broke out about Headquarters, Sargeantsville and Runk's Mills. I had made such a record the previous fall that after two or three young men from one house, a wife from another, and a husband from a third, had died—all members from one family by the name of Higgins—I was sent for, to meet two doctors—one a Dr. Lessey, a young practitioner in the latter family, where the widow lay quite sick.

This consultation proved entirely satisfactory, and the doctor being taken sick with the fever on the third day, he and all his patients fell into my hands, and all recovered without any trouble. The doctor had quite a severe attack, but as he did not become delirious he learned how to treat fever, and he subsequently had some sixty patients with the disease, all of whom recovered. This was his report, but I always felt that the truth was very cleverly elongated! Some doctors could not believe that I gave no calomel, as I was so successful—while I based my success upon that very fact. Nearly all the doctors who had much to do with this fever were attacked. I attributed my exemption to the fact that I threw into my mouth every morning before leaving home a few grains of quinine, in which I had the greatest confidence.

The other case in which I was called to meet the old doctor (who met me the previous year) was a young girl of sixteen, who had begged her mother to send for me in the beginning, but the latter said "Dr. B—— was good enough for her." So the consultation was deferred until the old doctor said there was no hope; he had done all that could be done, etc.

I found the poor girl more or less delirious, restless, sleepless, very tympanitic, with diarrhea; still taking calomel and nitrous powders; a large blister over the abdomen, and another had been placed to the nape of her neck. The blisters had been left on so long that there was some sloughing, and the poor girl was in a terrible plight. I had her put on turpentine, mucilaginous drinks, hot milk, and stimulating injections to get rid of the vast accumulation of gas. I was subsequently assured by visitors to the sick chamber that during the next three days there was the most marked improvement. But the old doctor's prognosis had been death, and now my treatment was discontinued. The old sledge-hammer treatment was resumed—the nurse favoring it—and the poor girl finally died, after a heroic struggle for life, "with typhoid dysentery!"

Oh! how often have I regretted that I did not go back for a few days, watch the case, see that my advice was carried out, and save her life, for her appealing look of confidence and hope still abides with me. The mother subsequently took the fever and died on the third day, I think, from profuse hemorrhage of the bowels—very unexpectedly and unaccountably, as she appeared on the previous day to be doing exceedingly well. She did not send for her old doctor, but for Dr. Mershon and myself, and this was the only case that I lost. Here the ministers might have asked, "Was this a judgment of Providence?"

[To be Continued.]

OSMIC ACID INJECTIONS IN SCIATICA.

WITH REPORT OF THREE CASES.

While connected with Jefferson College Hospital a year ago, in the department of nervous diseases and electro-therapeutics, there were three cases of sciatica which received hypodermic injections of osmic acid in the strength of a one per cent. solution. Thinking a brief review of these cases might be of interest to the SUMMARY readers, I have condensed into short space the general outline of each case and the results.

J. S., male, aged twenty-two, presented himself at the hospital suffering severely with an intense pain, extending from the region of the buttock to the heel on the right side. The history was the usual one

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of exposure to cold and damp, he being employed on a fruit farm in New Jersey. At the time of his coming to us he already showed marked signs of phthisis pulmonalis, and said "he'd had that cough nearly a year now." These two troubles were all he complained of, and he was immediately placed upon proper treatment.

He had "doctored" for his sciatica on the farm—hot applications, blisters, plasters, rest of leg, etc., but getting no better was advised to come to the hospital.

In August, I think it was, he was given an hypodermic injection of the one per cent. solution of osmic acid, in the region of the sciatic notch, care being taken not to go so deeply as to puncture the nerve or vessels there. The first injection was of five minims. He was instructed to return to the hospital at least three times a week—Monday, Wednesday and Friday — to receive the injections.

The case continued on through the month, beginning to improve after the second or third injection. The amount of fluid was increased one minim a week until he was receiving twenty minims of the one per cent. solution. Unfortunately his pulmonary symptoms did not abate, and finally he stopped coming, being too ill to venture out; but up to his last appearance at the hospital there had been marked improvement in his limb, there being almost no discomfort whatever, and we felt he could be discharged as cured.

The second case was that of a hearty Irishman, aged about 28 years. His sciatic trouble was due to an injury to the nerve through constant riding of the bicycle, the rounded and stiff edge of the leather seat pressing deeply into the flesh, and also bringing pressure upon the nerve. The same general proceedure of treatment was continued in his case as was in the other, giving deep-seated injections, beginning with five minims and increasing to ten minims, three times a week. His improvement was slower, however, as he continued to ride the bicycle, and so kept up the source of irritation; yet he was finally discharged as cured in about two months' time.

The third case was a woman—"fair, fat and forty,"—who, from her numerous troubles, had been a resident in nearly every women's ward in the building—treated in one for womb trouble, another for abscess, and when I saw her last she was awaiting her turn in the throat department of the out-patient service. Among all that she complained of she found room for "*her* sciatica," caused by a fall down stairs, landing on the edge of the step in a sitting posture. Severe pain followed the accident in the left leg along the course of the sciatic nerve, with the usual sensitive spots in the bend of the knee and calf of the leg. Was confined to her bed for weeks at a time, and had been blistered and poulticed without effect, save to increase the pain.

Injections were regularly made, beginning with ten minims, on account of the large amount of flesh which naturally absorbed much of the solution, so that ten minims were proportionate to a five-minim injection in a less stout person. Improvement began early and continued so, until she got so that she could walk easily and without support, and then, because she *was* feeling better, her attendance became irregular, until relapses would bring her back. When I left the hospital she was receiving twenty-five minims of the one per cent. solution as often as she came back. In her case I believe she would have been absolutely cured had she returned regularly for treatment.

In the first two cases the injections were continued some time after positive relief was felt, the amount of the solution injected being gradually reduced until it was stopped altogether, the plan being not to be hoodwinked by an apparent cure, but to keep up the effect of the remedy until we felt pretty sure there would be no return of the pain.

In giving the injections an ordinary glass-barreled hypodermatic syringe was used, the needle, however, being not less than three inches long, so as to reach as near the sciatic notch as possible with safety. The needle also needs to be heavier than the ordinary one to prevent breaking off in the flesh. The solution of osmic acid should be kept in absolute darkness and well corked in a blue-glass bottle, as the light soon affects changes in its composition which render it valueless, and being rather expensive in quantities over an ounce, we could ill afford to have it spoiled.

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The syringe should be thoroughly cleansed after each injection, as the leather washers, plungers, etc., are acted upon by the acid.

I regretted I had not the opportunity to continue using the acid in this manner and strength longer, but my term of office for that department had expired, and research ceased. I believe, however, that good results will follow the use of the acid in sciatic and kindred troubles, and had I the opportunity to use this method again, I would do so.

These three cases were the first in which I had seen osmic acid used, and the results certainly were beneficial, and left with me at least a "taste for more;" but perhaps some SUMMARY brother has had experience with the drug. If so, I, for one, would like him to give it to the readers of this journal.

BURTON W. SWAYZE, M. D.

Philadelphia.

RHUS POISONING.

I have seen a great deal of late in the various journals concerning this very annoying complaint, and as I have a great deal of it to contend with in my practice, I will give the brethren the benefit of my experience. One of the surest remedies that I have ever tried is chloride of ammonia.

℞. Ammonia muriatis..... ʒ j
Aquæ, q. s..... ʒ iv

M. Sig.—Apply to the parts affected by means of a soft linen cloth every four hours.

This treatment has proved to be a specific in my hands, but as it is very painful to some people, and especially to children, we have to use something else. I will give a case in point.

Royal T., an infant two weeks old. His father in trimming some fruit trees had pulled off a great deal of poison ivy, and then going to his dinner began to fondle the child before washing his hands, not thinking of the poison ivy. I was called three days later. Found the child literally shielded with the characteristic eczema of rhus poisoning. The mother told me that several "old grannies" had called to see the baby. Some, after ransacking their great storehouses of wisdom and profound medical knowledge, and going through a great tirade against the medical fraternity—saying that doctors didn't know how to manage a case of sickness in a very young infant, and so on, *ad infinitum*—had diagnosed the breaking out as a very severe case of the itch, and recommended the rubbing of sulphur and lard until the parents would dream of Hades. Another shook her head and, with a knowing look, pronounced it hives. Another was certain it was "shingles," for she had had 'em; and so on.

After inquiry, I got the above history, and diagnosed the case as one of rhus poisoning. I gave the mother an ounce bottle of tinct. belladonna, and instructed her to put forty drops of the medicine in a tablespoonful of water, and bathe the affected parts with a solution of the above strength every two hours. I instructed her to increase the amount of belladonna ten drops every time, until she could discover some dilation of the pupils. As well as I remember she used one hundred drops to the tablespoonful before the eczema began to improve much; but then it improved very rapidly, and in a few days the child was cured.

I had used tinct. belladonna before, and have used it since, in rhus poisoning with the most happy results. In the adult I use it full strength, but in children, of course, we have to feel our way. For a quick and certain cure, and where I am not so careful about the pain, the chloride of ammonia solution excels all treatment that I have ever tried. The belladonna is not so quick and not so certain, but it will hardly ever fail — at least it has never disappointed me but once, and it was not given a fair trial then. I have used ipecac, chloral, grindelia robusta, etc., but I have received greater benefits from the treatment outlined above than from any other.

EDWIN H. BOWLING, M. D.

Luster, N. C.

PNEUMONIA—CAUSE.

In reply to Dr. S. H. Thompson's query in the October SUMMARY in regard to my article on pneumonia, I would say that it seems as though the atmospheric influences have a great deal to do with the dis-

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ease. The time when it generally invades the country is through the changeable seasons of the year — namely, winter and spring, from which it took its name, winter fever. High winds and low temperature seem to invite the disease. Conditions of weather and climate are probably the most important of all known agencies in the causation of the disease. The influence of cold and damp is universally known to increase the liability of inflammatory affections of the chest.

Pneumonia is more common in temperate climates than in those of extreme heat or cold. Sudden changes of temperature and winds from north or northeast seem to invite the attack. The most common, exciting cause discoverable is a sudden chill, or prolonged exposure to damp and cold. Excluding cold, no conditions can be mentioned which have any marked influence in determining the disease. The male sex is most frequently attacked, because men are more exposed to outdoor life and external influences which tend to produce the complaint. Sometimes we have so many persons attacked in a community that it seems to be an epidemic, but atmospheric influences are at work. It is a common belief that pneumonia is caused by exposure to cold especially when the body is freely perspiring; and you can readily see that I believe atmospheric influences have a great deal to do with the disease.

Doctor Thompson states that it had been his opinion that the location had all to do with the disease. Of course, I believe that climate has a great deal to do with it, but not all; for in changeable seasons the body may be exposed to the cold and damp without proper clothing to keep the body comfortable, and one day be warm and the next cold, hence it would increase the liability to an attack. Therefore you can see that I believe both climate and atmosphere have something to do with the etiology of the disease.

As we live in an age of bugs and germs, it is unsafe for anyone to write an article on any disease and not say something about microbes. In my former article I said nothing of the microbes. I am asked if I believe they are in the air. This is, however, a disputed point, but I will say I am bound to believe it under the present circumstances. As I have already given my views of the atmosphere, the question would naturally arise—How does it produce the disease? I must readily answer, by the germ theory.

It is admitted that pneumonia can be produced by the diplococci of Friedlander and Frankel, and in the examination of seventy cases Wolff found Frankel's diplococcus sixty-six times—that is 94 per cent. The examination was negative in but one case. Noteworthy publications were made during the year 1889 by Weichselbaum and Monti from examinations made during life as well as after death.

Weichselbaum writes on the rarer localizations of the pneumonia virus (diplococcus pneumoniæ), admitting that the diplococcus of Frankel is not the only cause of pneumonia, as it is seen the pneumo-coccus of Friedlander may cause exceptional cases. He confines himself to the diplococcus of Frankel. Weichselbaum concludes the bacteria found in pulmonary inflammation are the cause of them also; they have been introduced in other animals, and have been found to produce the same disease as in man. He believes that pneumonia can be produced by different kinds of bacteria, and that it is dependent upon no one kind; but the diplococcus pneumoniæ is to be regarded as the most frequent exciter of inflammation of the lungs.

Monti reported examinations of twenty-six cases, clinically and bacteriologically. He had drawn exudations from the lungs of every one of them during life by means of Koch's syringe, and found a negative result in only one case. In all the others he found what proved to be when cultivated the diplococcus of Frankel–Weichselbaum—sometimes alone, again in company with the staphylococcus pyogenes aurens. An inoculation of fifty-nine rabbits proved successful, producing pneumonia when introduced in the trachea, and pleuritis and pericarditis when introduced in the pleura.

Wells and Baker in 1890 believed it was controlled by atmospheric influences, or by conditions associated therewith. Seibert is satisfied that Frankel's coccus—described by Sternberg as Micrococcus Pasteuri—will cause the sthenic variety; the asthenic, bilious or typhoid are produced by the pneumo-coccus of Freidlander.

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Again we find that others do not believe that the pneumo-bacillus of Friedlander produces pneumonia, because it is not always present, and is found, or is indentical with the organism found in the blenorrhagia tuberculous meningitis and various abscesses, and is found in the different pulmonary maladies—i. e., in the expectoration and even in normal sputum, because upon inoculation it only gives local results in the lungs, and lastly it gives such varying results when inoculated in other places.

It will therefore be seen that the microbe theory stands yet in dispute and is an unsettled question, and what would be my idea would be the reverse of that of someone else. However, if there is such a thing as bacteria—which I do not doubt—that produces pneumonia, it must be in the air. In the first place the cold would act as a predisposing cause, and secondly the bacteria as an exciting cause.

J. N. SMITH, M. D.

Cuba Landing, Tenn.

DIABETES.

I am at this time treating a case of diabetes that furnishes some facts of sufficient practical importance, in my estimation, to entitle it to publication. The patient, a white male, aged about 20, has been afflicted over two years with the ordinary symptoms of the disease, resulting in a degree of debility sixteen months since that caused him to take his bed, to which he has been constantly confined up to the present, all treatment in the meantime failing to be of any service. I first saw him about three weeks ago. I thought him the most emaciated being I ever observed, dead or alive. The skin that served as a covering of his bones bore evidence of bedsores, boils and abrasions in the past, and there were some still existing. He lay in this condition and moved when his nurse moved him, while his ghastly face, slim neck and long, slender limbs, like long table legs, caused him to rival the pictorial illustrations of the Libby prison victims of war times. He was also a veritable living, automatic water filter. An ordinary pitcher of water would make him but a single drink, and was demanded at frequent intervals. The water which he passed measured from twenty to twenty-four pints daily.

After obtaining the mother's promise that she would follow my advice faithfully concerning his diet, I prescribed as follows: He should eat no bread, no potatoes, no sugar, rice or corn-starch; but allow him milk, beef, cheese, eggs, fish, and a very sparing use of buns. Ordered him as medicine:

℞. Sod. salicylic,
Sod. bicarb.....aa.... ..3 ij
Aquæ menth. pip..... ℥ iv
M. Sig.—Teaspoonful in a little water after meals and at bedtime.

Also, a tablet of p. opii, ¼ gr., every three hours, with a tablet of quinia sulph., one gr. with every alternate dose of the former; warm, alkaline sponge-baths daily.

In one week the discharge of water was reduced to twelve pints daily, and now, at the expiration of three weeks' treatment, his thirst has entirely subsided, and his discharge of water is rapidly approaching the normal quantity, it being now about six pints daily. His strength has improved sufficient to enable him to raise partly up in the bed. If no organic trouble should now develop as a result of his extreme and protracted debility in the past, he will soon make a complete recovery from the diabetic ailment.

I will not engage in a statement of the theory on which this treatment is based, believing it to be sufficiently suggestive alone to the intelligent practitioner.

J. T. PURVIANCE, M. D.

Steubenville, O.

ERYSIPELAS.

How much better, it seems to me, would it have been if Dr. Floyd Clendenen, in the September number of the SUMMARY, (page 206,) had given his treatment for "three-weeks-old babes" suffering with erysipelas, than to have criticized so severely "anyone who signs M. D. after his name."

Some years ago I had a case similar, in many respects, to the one described by the M. D. referred to—a case of erysipelas commencing on the head and face, and extending downwards. I was not so fortunate as he, for the child died; and I would

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like quite well "at this day of enlightenment" to learn the correct treatment of babes, as well as those of elder growth, who have erysipelas, and especially how to cure them in "three days."

Years ago I treated my cases of erysipelas by prescribing all the muriated tincture of iron internally that the patient could well bear, giving also the sulphate of quinia in full doses continuously, alternating with the iron. Locally I applied over the inflamed surface continuously an ointment of quinine and lard, put on thickly. All my cases, except the infant already mentioned, got well in spite of the treatment.

Jaborandi now seems to be the remedy for erysipelas—administered internally—while Campho-Phenique, applied locally, appears to be superior to anything else.

Will Dr. Clendenen kindly give us his treatment?

While on this subject I would like to add something as a plea for conservative surgery. During the late war, while temporarily at the historic town of Natchitoches, La., I was asked by the surgeon in charge of the army hospital at that place one morning to visit the hospital and amputate the arm of one of the patients, a soldier who, he said, had erysipelas, and who, he added, could not live unless the arm was removed. I consented, and promised to call after dinner. At the appointed time I called, and the right arm was unwrapped, while an array of knives, etc., were near by in readiness.

To my surprise I saw it was not erysipelas at all, and I said so to the four other physicians who were present. They all disagreed with me, and declared that the arm should be removed. I had some difficulty in persuading them that I was right. However, when I showed them that there was no distinct line of demarkation between the sound and diseased skin, they agreed that the amputation should be delayed until the next mornining, when I promised to operate it the inflammation grew worse. After I left that afternoon, Dr. J. C. Eagan, then surgeon for the military district, happened to call into the hospital, and the facts in regard to the case were mentioned to him. He asked to see the patient, and when shown the arm he said, "Dr. Griffin is right; there is no need of taking off that arm."

Three weeks later, in the city of Shreveport, La., I met this same patient. When he saw me he came running up to me and, extending his right arm, his greeting was, "Ah, Doctor, if it hadn't been for you and Dr. Eagan those doctors whould have cut off this arm." Dr. Eagan, one of the ablest physicians and best of men, still lives at Shreveport to honor his profession.

J. F. GRIFFIN, M. D.

Illawara, La.

A "THOUSAND-DOLLAR" CHOLERA CURE

In 1860 I was a prescriptionist in a southern Illinois town. A well-dressed man came in the store one day and gave me two circus tickets, saying: "Our clown has a prescription for which I saw him refuse one thousand dollars. He cured more cases of cholera with it when we were at Memphis, Tenn., than anything used there by the regular medical profession. One of our men is sick with cholera; the clown will soon be here. When you fill the prescription keep a copy of it for me." Well, here is the one thousand dollar cholera recipe:

℞. Chloroform,
Tinct. opii,
Spts. camphor,
Ess. peppermint,
Spt. ammon. aromat..aa.. 3 jss

M. Sig.—Put a teaspoonful in a wineglass of iced water, and give a teaspoonful thus diluted every five minutes.

In the above prescription I substitute tinct. belladonna for the tinct opii, with marked benefit. Opium and morphine are not the proper remedies to give in cholera, although they enter into most all formulæ. Belladonna is the remedy indicated.

Appropos. When the cholera was at Olney, Ill., I was called at the midnight hour to see a man who was cold, had that peculiar, characteristic "goose flesh," and was unconscious. He had involuntary rice-water discharges, his eyes were staring and fixed, and he could not swallow nor talk. As he lay upon his back with his mouth wide open, I dropped a piece of atropia sulphas on his tongue about as large as a pin-head. Then I poured two

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tablespoonfuls of hot water upon the pelicle of atropia. Two hours later I put another like-sized piece of atropia upon his tongue, with hot water as before. No other medicine or local applications were used. This man wholly recovered.

I believe this atropia treatment originated at Louisville, Ky., but there they combined it with morphine. I can conceive of a no more therapeutically beautiful sight for the medical eye than was here presented in the recovery of this man from cholera upon the absorption of atropia. As the capillary circulation was resumed the pale face and body became roseate, and instead of the cold skin, a pleasant glow started in small patches, which gradually spread over his entire body, and he regained consciousness. The choleraic diarrhea ceased to soil his bed, and next day he was convalescent.

GEORGE F. CENTRE, M. D.

Jacksonville, Fla.

TO WAIT OR NOT TO WAIT?

Having noticed the remarks in the MEDICAL SUMMARY by Dr. Ferguson, on "The Early Expulsion of the Placenta," I must say I agree with Dr. Anderson precisely in adopting Crede's method, which I have continned to do since I began to practice, and with gratifying results. This was clearly demonstrated to my mind when a beginner. I will give your readers my experience.

I was assistant to a physician of large practice away up in the mining district of Pennsylvania. The doctor not being at home upon one occasion I, of course, was next in order to respond to a call some four miles in the country. On my arrival I found that the baby had been born, was washed, and in the cradle asleep; but with tearful eyes a sister of my patient ushered me into the next room, where I found the sick one in bed, and her mother on her knees by the bedside, holding the cord, remarking as I entered, "Oh, Doctor, I am afraid she will bleed to death." I at once tied the cord, and proceeded to make an examination. I found the neck of the uterus so contracted as to barely allow the introdnction of the index finger. This being my very first case I concluded to keep my head, notwithstanding the excitement in the room. Having the Doctor's obstetrical outfit with me, I went to the grip, got the chloroform, put a little on a cloth under a glass, and admininistered the anæsthetic to a state of semi-unconsciousness, giving the glass to an assistant—a neighbor. By this time the cervix had dilated some, and I proceeded to deliver the placenta, which was accomplished by introducing the hand with but little difficulty. I gave a dose of ergot for safety, and in half an hour had my patient resting very comfortably.

Now, as Dr. Anderson says, if we are to wait for a spontaneous delivery, how much longer would this poor woman had to suffer? As Dr. Rew says, facts count, theory often fails. Possibly this is more so in obstetrics.

T. S. LIPPINCOTT, M. D.

Riverside, N. J.

WHAT A GENERAL PRACTITIONER "CANNOT" DO WITH ELECTRICITY.

A recent paper entitled "What a General Practitioner can do with Electricity," contains so many statements at variance with the ideas of electricians as to lead me to consider the subject; and one reason why I do so is because many of the statements will, if followed, cause those who are entering the practice of electro-therapeutics much unnecessary trouble and expense; and those who have had considerable experience will bear me out when I say that the cost of maintaining an electrical outfit, and of getting good results from it under the best circumstances, is too much now without having it made any heavier. Unless the owner of a plant is a good mechanic and fully capable of keeping his machinery in good repair without the assistance of the instrument maker, he will find most of the fees gotten from its use diverted to the support of the manufacturer of his outfit rather than to his own.

And first, the writer of the article alluded to considers that "some form of Grenet cell is the best for portable use that a general practitioner can purchase." Aside from the fact that there is but *one* form of this cell, all kinds of zinc-carbon cells actuated by "electropoion" fluid are

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not only the dirtiest imaginable, but they are difficult to keep in repair when out of order (which is about two-thirds of all their life), and difficult to get rid of unless you throw them into the ash-barrel when you have spent all the money on them you can stand, and are disgusted at the very sight of them in your office. A college professor recently showed me a bill for repairs to his battery of this persuasion for nine months, and it was just twenty-five per cent more than the first cost of the apparatus when new, and at the time it was unfit for use although a patient was then waiting for its application, and it had been but half an hour back from its maker!

You want two batteries if you do all kinds of work; one of the Leclanche type (and the "Axo" is the preferable form), for cautery and electrolysis of fibroids, or such work; and for all other imaginable business in electro-therapeutics you can rely on the "Dry-Cell Chloride of Silver" batteries, made in Baltimore, Md. These cells *are* "dry," for the electrolyte is not a fluid held in by "fluid-tight cells," as the author alluded to says they are, but it is a pasty mass which cannot run out if the cell was opened and held upside down. It makes no difference whether the batteries are laid, whilst not in use, on their bottoms, their sides, or their ends, so far as injury to them goes. I have kept mine in these attitudes for a week at a time to illustrate the idea to my friends. On the other hand, all other batteries run by fluids cannot be kept clean or prevented from splashing by any form of the so-called "hydrostats," and they and their surroundings are eaten up rapidly by the corrosive red-acid, to the disgust of the doctor and his household when carpets, clothes, and all the other destroyable things are additionally taken into account.

The next point in his paper which I dissent from is that in which he says that "I am not in favor of fancy attachments on the little table. Slow vibrating hammers, rows of shining buttons, many switch-levers, etc., tend to confuse the busy doctor, and unsettle his confidence in his machine at a time, perhaps, when instant action is imperative. A single pair of posts for electrode cords and a cut-off switch are all, in my opinion, that are needed." He then goes on to say that the faradic coils made by Fleming are the best in the country, despite the fact that these machines are the very ones which embody the paraphernalia objected to as useless. The fact is, that the merit of Fleming's apparatus depends on its completeness, and no work can be done in electro-diagnosis without reliable switches for interruption, both slow and fast, with a pole-changer, with a water rheostat, a current-combiner, and a reliably delicate method of graduating the secondary coil—all of which are done by Fleming's apparatus. In actual practice, also, a faradic machine should have all these adjuncts, just as in all mechanical processes the best tools are those which afford the most complete adjustment by separate devices—one for this, and another for that, until all points are provided for.

He further says that "with faradic coils it is sufficient to empty and wash out the cell once in six months." Don't you do this, my friends, if you employ any other than the "Dry Cell Chloride of Silver" apparatus, or if you expect to have your apparatus in working order when it is called on! Always remove the plates from the fluid at once when done with the patient; clean them every week, or oftener if they are much used; amalgamate the zincs when you clean them—then you will have workable and working tools, but not otherwise.

In describing what is known as Radcliffe's positive electrization he says: "Place the positive pole as near as may be to the origin of the affected nerve; the negative pole is held in the hand of the same side which is immersed in a basin ot warm salt water. In this basin is another electrode, the wire from which is put in communication with the earth (grounded) most conveniently by putting it in contact with a gas pipe. Patient and battery must be properly insulated. The result of this arrangement is that free negative electricity is carried off by the earth-wire, and the limb remains charged with free positive electricity." This is an old notion, as erroneous as anything can be which has nothing beyond imagination to support it. The truth is that there is a circuit from pole to pole of the battery through the pa-

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tient and no more; the earth-wire may dangle there until eternity, and it does nothing whatever. The most delicate electrometer shows no charge at all.

W. R. D. BLACKWOOD, M. D.

Philadelphia, Pa.

[To be Continued.]

KUMYSGEN.

Some years ago when President Garfield was assassinated, attention was drawn to kumyss by its use in his case, and for a short time afterward it was used to some extent and with good results; but it was soon discarded, not because it was not efficient, but because of the impracticability of using it.

Kumyss, as usually made and sold by druggists, is very expensive, and being an unstable preparation it keeps only a few days, so that its use is prohibited entirely in the country districts, and only the wealthy in the city can use it. This state of affairs has now been radically changed by the production of a kumyss powder, made by Reed & Carnrick, of New York, and called Kumysgen.

The advantage of having kumyss in a dry powder is obvious. It keeps indefinitely, and requires only the addition of water to make it up. The expense of Kumysgen—which is an important matter—is only about thirteen cents per pint when bought in the hospital size. This preparation has been tried now about six months by the profession, and has more than met the expectations of those who have used it. In typhoid fever it is the food par excellence; being so easily digested it taxes the stomach but little, and fully nourishes the patient. It also seems to decrease high temperature. In cholera infantum it has been used with great success. Being, as it is, a non-putrefactive food, and containing a large quantity of carbonic acid gas, which allays the irritability of the stomach, and also a little alcohol, which stimulates the healthy secretions, it fully meets the requisites in these cases.

Kumysgen is also a valuable aid in all gastro-intestinal disorders, and it undoubtedly will come into general use as one of the standard food preparations. It is mentioned thus briefly simply to let it be known to those physicians who are away from the centres of medicine, and to the readers of the MEDICAL SUMMARY, that kumyss can now be had and used by everyone no matter where he is, and at a nominal cost.

We know of no more important branch of medicine than dietetics, and any advance made in this line should, we think, receive due consideration from the profession. Kumysgen makes the use of kumyss practical, and in doing so it places in the hands of the profession one more valuable instrument for the prevention and cure of disease.

S. C. WINDSOR, M. D.

New York City.

HYPERÆMIA.

The general structure of the spleen favors its distention, and recurrence is also favored. The weight of the spleen is about eight ounces. Acute congestion or flexion is caused by malaria, typhoid fever and septæmia, and is due to a relaxation of the tissues of the spleen or paralysis of the walls of the vessels. In chronic malaria the enlargement of the spleen is also chronic. This may come from anomalous menstruation. There is also a physiological enlargement after meals.

ANATOMY.—The spleen may become four or six times its normal size; its consistence is soft and parenchymatous; puffy in the typhoid group; there is no pain; tenderness in left hypocondrium. Death may result from rupture, enlargement; from typhoid it subsides, from malaria it does not; tympanitis presses it up, while inspiration or weight forces it down; can palpate it very easily.

TREATMENT.—The following is the treatment I use, and it has answered well in all cases: Treat the exciting cause; if it does not subside, then give large does of quinine; apply cold douches directly over the spleen, allowing a small stream of cold water to fall from a height on the surface of the abdomen directly over the organ.

W. EDGAR HOLLAND, M. D.

Fayetteville, Pa.

The various departments of the SUMMARY are open to contributors.

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Medical Progress.

The Treatment of Baldness.

The public always welcomes with eagerness anything that is new and hopeful pertaining to the treatment of baldness. While the hopes that may be thus raised are soon dashed to the earth by a few personal experiments, or the object-lesson of a consultation with eminent but thin-haired dermatologists, it is not wise to suppress the new discoveries; for science may yet triumph over alopecia as it has over even more formidable obstacles.

This much is certainly being done:—baldness is being very richly classified and its clinical manifestations accurately mapped out. Fournier gives us two groups and nine classes of baldness. That there are nine muses and nine kinds of baldness is a fact full of suggestiveness and consolation to the poetic mind.

We shall not attempt to follow Fournier, or to go deeply into the etiology and remediology of alopecia. There seems to be a general opinion that, leaving out the post-infective forms, most kinds of baldness are neurotrophic, parasitic or senile. For senile baldness we cannot expect a cure; the aged themselves accept their deciduousness as a part of the natural course of things. Of the other forms Dr. A. H. Ohmann-Dumesnil, in the *Practioner*, has a good deal that is hopeful to say. For the pre-senile or neurotic baldness he advises the following pill taken twice daily:

℞. Strychniæ sulph..... gr. 1-60
Ferri redacti..... .....gr. j
Quiniæ bisulph..... gr. j

To this he adds hypophosphites and one-eighth to one-sixth grain pilocarpine hydrochlorate at bedtime. For the parasitic forms of alopecia areata, Dr. Dumesnil advises a three per cent. solution of creolin for the entire scalp, and locally an ointment composed of:

℞. Hydrarg. perchlor. cor ....gr. j
Lanolin..... ℥ j

A more drastic measure, which he recommends for alopecia areata, is one first suggested, we believe, by Dr. L. Duncan Bulkley. It consists in painting the affected area with pure carbolic acid. This application Dr. Dumesnil applies twice a week, with results which he asserts have so far been uniformly gratifying.—*Medical Record.*

The Therapeutic Uses of Methyl-Blue.

Dr. E. M. Hale, in *New Remedies*, says that methyl-blue is not pykotanin, as some druggists suppose. Dr. Max Einhorn has lately given his experience with the former in some diseases. In some experiments he found that when given internally in doses of 3½ grains twice or thrice a day, the urine of such persons remained undecomposed for several weeks. He gave twelve patients with acute gonorrhea similar doses once a day after supper. Nearly all lost the burning pains in the penis the next day. Nine were completely cured in from eight to thirty-five days; one received no benefit, the other two were relieved of pain but the discharge remained. It is worthy a trial, but I got better results from thuja piper methisticum (kava kava) and oil of sandalwood. Dr. E. used it in other diseases:

1. A patient with œdema and anasarca, dependent on a chronic nephritis, lost his œdema in eight days, taking 3½ grains a day. Six months later he had a relapse, and was again cured with the same drug.

2. A patient with herpes zoster was cured in seven days with 3½ grains a day.

3. A man with pruritis chronicus senilis of five years' standing, was cured in two months by the same dose. A chronic ulcer on his leg healed up during this treatment.

It may prove as valuable in skin diseases as in those of mucous membranes.

Treatment of Pneumonia by Phenacetine.

Whether on account of its supposed unusual frequency, or because of its tendency to become complicated with grippal symptoms, the treatment of pneumonia received an unusual degree of attention during the winter of 1891-92. A marked feature in such of the therapeutic points as were considered essential, lay in the fact that their first object seemed to be to lower the temperature. There was some variation of opinion as to whether a reduction of

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bodily heat influenced the course of the disease, but there was a very general agreement that antipyretic treatment was distinctly called for in the beginning to insure a benignant progress of the malady, while practitioners recognize the value to the patient of a strong analgesic influence.

The first indication was to obtain a promptly acting and safe antipyretic and analgesic whose use could be continued for a sufficient time, and the second called for a heart tonic, the third consisting of medicaments, such as expectorants, etc., having a local action. Strychnine, strophanthus and digitalis seemed to have easily met the second requirements; the first was almost universally supplied by phenacetine.

In the *Med. and Sur. Reporter* of June 25th, 1892, Dr. H. Perdue presents some reports of cases of acute croupous or lobar pneumonia, in which the treatment employed may be cited as typical of the manner in which some of our best practitioners are now treating this condition. He says: "The first step to be taken is to relieve the distressing symptoms. Some give morphine hypodermically before the exudative process is completed. This will generally give quick relief, the thing so much desired by the patient, but I generally prefer phenacetine, as some persons do not bear opiates well. It reduces the fever, produces sweating, and gives ease. It is, in my opinion, the remedy par excellence at this period. I give it in nearly all cases, except to the very old, the very young and the very feeble, always giving alcoholics with it. With it I have many a time had my patients resting quietly and asleep in twenty to thirty minutes. The average dose for adults is five grains, about four hours apart. In a very few cases six grains will be required, and occasionally four grains will be enough. The guide for diminishing or increasing the dose is the reduction of temperature produced. Sleeping and sweating are the conditions desired. Sometimes it is more effective to give a smaller dose at shorter intervals. Some use cold applications to reduce the fever and to give ease. Believing that the inconvenience, exposure and depressing effects are too great, I have never tried them. American practitioners are against the practice. Some give large doses of quinine to reduce the fever. I have tried it to some extent, but I like my present method better. After some rest has been obtained, if the patient has not been purged, it is well to give a dose of calomel."

Dr. Perdue used nitro-glycerin in the few cases in which dilatation of the arterioles was necessary, and obtained very satisfactory results from it. He cites the interesting fact that it is as quickly absorbed by the stomach as when given hypodermically. It was employed in doses of 1-100 grain, repeated in twenty minutes if necessary. For cardiac and respiratory stimulants he gave strychnine in 1-60 grain, and atropia in 1-100 grain.

Phenacetine in five-grain doses was given every four hours, with whiskey or milk-punch, throughout the period of congestion and consolidation. In great restlessness, teaspoonful doses of spt. eth. comp. were added. In speaking of this rational method of treatment as "typical," reference is made to its direction or object. The details, or rather the combination of them, belong to the author and will, it is thought, receive general approval.

New Uses for Sulfonal.

Apart from its uses in simple insomnia and some of the neuroses, Sulfonal appears to have been of value in controlling such symptoms as reflex spasm and the uneasiness following traumatic injury. We note (*Medical Record*, July 2nd, 1892,) that Dr. Edmund Andrews, of Chicago, speaks of Sulfonal as a certain remedy in the treatment of muscular cramps of the legs appearing during the night, and especially those accompanying those of the long bones. In a case of recently fractured femur, fifteen grain doses gave relief. In the after-treatment of laparotomy, Dr. A. F Jonas (*Omaha Clinic*, August, 1892,) says that the symptoms of sleeplessness occurring in these cases should always be relieved lest insomnia seriously complicate recovery. He usually gave Sulfonal in such conditions. Dr. Althous (*Amer. Jour. Med. Science*) recommends Sulfonal for the insomnia liable to occur in the treatment of post-grippal psychoses. Dr. Alexander J. C. Skene has employed Sulfonal in the

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after-treatment of laparotomy. He writes as follows (*In. Med. Mag.*, March, 1892): "Sulfonal does remarkably well as a sleep producer, and is much preferable to bromide, chloral, or any combination of such remedies. It produces the desired result in the great majority of cases that are not kept from sleep by severe pain. This remedy is worthy of note as rather new, and is certainly one that will cause sleep with no other perceptible effect, good or bad."

Eucalyptol in Diphtheria.

Dr. Marion Thrasher, of San Francisco, Cal., in an article published in the *Jour. Am. Med. Asso.*, says:

A diphtheria epidemic pervaded portions of San Francisco during the winter months of 1891–92. It was most plentiful and virulent in that part of the city where there was a stagnation of sewage. The writer was located in that quarter, and had ample opportunity for the practical study of this much-dreaded disease.

Years ago California imported the Australian gum tree, the *eucalyptus globulus*, for shade, it being a tree of rapid growth. The inhabitants soon learned that it absorbed malaria and transformed unhealthy into healthy localities. The writer observed in the above epidemic that diphtheria was rarely, if ever, found in houses surrounded by eucalyptus trees.

Eucalyptol is a powerful germicide, a disinfectant, a stomachic, a tonic, a stimulant and antiperiodic. In small doses it produces mental activity, accelerates circulation and respiration, excites salivary secretion, promotes appetite, induces diaphoresis, and increases the elimination of urea. It is expelled from the system through the mucous membrane of the fauces, trachea, bronchi, skin and kidneys. In short, it possesses all of the characteristics that a remedy should possess to meet the requirements of the pathological conditions found in a typical case of diphtheria. In diphtheritic inflammation the exudation being not only upon but within the mucous structure, the therapeutic action of eucalyptol seems clearly indicated. The Loffler-Klebs bacillus fastens not only upon the surface but beneath it, and an agent to be effective must destroy it wherever found, and at the same time produce no injury to the healthy tissue in and upon which it abounds. Eucalyptol fills that requirement.

Its tonic and stomachic power overcomes anorexia, and places the stomach in a condition to digest nutritious food, and fortify the system against the general depression of the vital organs so characteristic of this disease.

Blood-poisoning is early indicated in the saffron skin, which may be counteracted, if not overcome, by the administration internally of eucalyptol, bichloride of mercury and quinine. Cardiac weakness should be anticipated, by giving from the outset a generous diet of milk and eggs, supplemented hourly with brandy and digitalis. Ventilation should be looked after, and everything in the sick chamber should be kept disinfected and scrupulously clean.

The writer uses a ten per cent. solution of eucalyptol in pure alcohol, and applies the solution locally to the diphtheritic exudation, hourly, day and night. In addition he gives it internally every hour with quinine, iron and bichloride. Dr. Forcheimer, of Cincinnati, in a very able article in the *International Clinic*, first called the writer's attention to eucalyptol in the treatment of throat affections.

Some Uses of Ichthyol.

Ichthyol, a distillation product of bituminous material, containing large quantities of sulphur, is a drug which has been steadily and rapidly gaining ground on its merits, as shown in clinical practice.

The sulphichthyolate of ammonium is the best preparation to employ. It is a thick, dark-brown, greasy, bituminous-smelling solution, soluble in alcohol and ether, in water, and in all the oils and fats, and is not readily decomposed. It seems to be devoid of toxic effects, at least when it is applied only to the surface, and even by the stomach it can be given in large quantities without evil results. It has some antiseptic power, but this is by no means pronounced. Its special value lies in the constricting action it exercises upon the vascular system. This is, perhaps, nowhere better shown than in erysipelas. In

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this disease the drug can be used either as a thirty to fifty per cent. ointment, with lanoline and lard, or perhaps better in the form of a thirty per cent. solution in water. It is painted two or three times daily over the inflamed area, especially about its border. When used before the disease has made great headway these applications are almost specific. Fever promptly subsides, the disease ceases to spread, and resolution takes place in a few days.

The general erythematous swelling so often observed about septic wounds, acute angioleucitis, acute œdema accompanying inflamed ulcers, all surgical conditions associated with dilatation of the superficial blood vessels and the consequence of such dilatation, yield more readily to the application of ichthyol than perhaps to any other local medication. Where the skin is exceedingly sensitive, solutions of about ten per cent. (or ointments) should be employed, gradually increasing the strength until it reaches forty or fifty per cent. When these stronger preparations are used, the whole surface to which they are applied should be washed with mild soap and warm water once daily, and should be carefully dried before another application is made.

Hemorrhoidal conditions, particularly when associated with subacute inflammation, are said to be peculiarly benefitted by ichthyol administered both internally and locally. The dose for internal administration is from three to five grains three to five times a day. Thus used it is supposed to benefit hemorrhoids by its favorable effect upon the portal circulation.

Acne and acne rosacea are perhaps the two skin-diseases upon which the reputation of ichthyol as a specific is mainly founded. In such cases the drug is used both internally and externally.

In furunculosis, local applications of a fifty per cent. ointment made up with lanolin or lard, give better results than any other single treatment. If this remedy is applied in the forming stages of a boil, the latter is frequently aborted.—*Therapeutic Gazette.*

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Types and Treatment of Nervous Women.

Women have been much in evidence of late, especially the nervous variety. Of these there are three types to be met with in this part of the country, and are thus described by Dr. Charles L. Dana, in the *International Medical Magazine.* The first type consists of girls between the ages of fifteen and twenty-five, unmarried, anæmic, and showing a varied and peculiar train of symptoms. The second embraces nervous women between twenty-five and forty. And the third, those at the period of the climacteric. Nervous symptoms of the menopause are mainly vasomotor, and are in a measure due to physiological changes. About two-thirds of the nervous women who seek medical aid belong to the second type. Next in point of numbers come those at the climacteric. Nervous girls stand third numerically. There are comparatively few nervous women over sixty; and this quiet fact is, in many instances, at least, one definite and tangible compensation for the loss of youth. Young, nervous women are thin, anæmic, dyspeptic, of poor nutrition, and with special senses keen to the point of hyperæsthesia. The pupils are mobile, the heart irritable, the vaso-motor centres unstable, and the extremities cold and clammy. These girls have spinal pains, and headaches of migrainous and other types, and suffer more or less at the menstrual epoch. They are quick, vivacious, observing, impatient, living on their "nerves," fond of excitement and indulging in amusements, for which they pay the penalty by prolonged exhaustion.—*Med. Record.*

Epithelioma—Satisfactory Treatment.

The following interesting case was reported by Dr. Geo. M. Wagner, from the clinic of A. H. Ohmann-Dumesnil, M. D., of St. Louis, Mo., and published in the *Clinique:*

May 6, 1892, Mrs. M. W., aged 65, native of Ireland, presented herself at the clinic for treatment of an ulcer about the size of a silver quarter on the left side of her nose, which she thought had existed for about six years, and had been growing for the past few months. The ulcer presented an

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extremely unhealthy appearance, being undermined at the edges and constantly secreting pus. It bled very readily, and caused great pain at times, the pain being of a burning variety, shooting from the lesion outward.

The only treatment previous to her appearance at the clinic had been with calomel. Pure carbolic acid was now applied, and an ointment consisting of aristol 3 j and ung. aq. ros. ʒ ss ordered. Under this treatment she steadily improved until June 20, when she complained of continuous pain around the upper edge, and shooting pains to the left eye. This disappeared after a few days of vigorous treatment with carbolic acid, but there was some hemorrhage from upper border, continuing in spite of treatment. In all other respects the appearance was much better. Caustic pyrozone was now applied to upper border with the result of effectually checking the hemorrhage.

August 12, an ointment composed of carbolic acid 3 ss, ung. aq. ros. ʒ j was ordered, to stimulate it to healthy action, as the granulations showed a tendency to become sluggish. August 15, slight ulceration of lower border was noticed, and caustic pyrozone applied with perfect results.

From this time on improvement was uninterrupted, and the patient was discharged cured September 7, at which time the entire site of the previous lesion was covered by perfectly normal, healthy epithelium.

Iodide of Lime in Croup.

Dr. A. G. Beebe, of Chicago, says: "In my experience croup has become a thing to smile at, but never to be afraid of. I have such unbounded confidence in my iodide of lime that I very seldom go to see a case of croup. Indeed, I am not often called, because my regular patrons who have children who are suspected of such "capers" usually keep a bottle of my croup medicine at hand, ready for the first outbreak whenever it may occur. Now, according to my belief, every death which occurs from membranous croup could be averted by this remedy if it were employed within a reasonable time. I have never known it to fail when it had a fair trial. I usually mix it with sugar of milk, in about the proportions of the ix trit., but do not triturate it, as I do not care to expose it to the air and light to that extent. This powder should be kept tightly corked, in the dark, and a powder of three to five grains (according to age) given to the child every hour, half hour or quarter hour, according to the urgency of the symptoms, until the cough becomes moist and remains so during the night. It is usually better to give it in a little water. Sometimes I put six to ten grains of the crude drug into eight ounces of water (preferably in a bottle), and give a teaspoonful or two at a dose." —*New Remedies.*

Therapeutic Notes.

REMOVAL OF MOTHER-MARKS.—The *Allgemeine Medicinal Central Zeitung* gives the following as very efficacious: Mix one part of tartrate of antimony with four of emplastrium saponatum, and work into a paste. Apply the mixture over the mark to be removed to the depth of one line (one-twelfth inch), and cover with a slip of gummed paper or court-plaster. On the fourth or fifth day suppuration sets in, and in a few days later scarcely a sign of the mark can be seen.

ACIDITY OF THE STOMACH.—This is not unfrequently curable by lemon juice or citric acid, after all kinds of antacids have been tried in vain. The explanation is this: A depraved state of the mucous membrane lining the stomach, dependent on loss of tone, is one of the sources of acidity; and this acidity is often subdued by the tonic action found in the lemon acid or juice.

AGARACIN.—A white crystalline powder; in large doses purgative, in small doses astringent. It is said to diminish bronchial secretions and dry up the milk after weaning; also given to check diarrhea and night-sweats.

ŒDEMA OF THE GLOTTIS.—Pilocarpine has been used with good effect in œdema glottidis. The remedy is used hypodermically in doses of 1-75 grain, at intervals of twenty minutes. Improvement is noted after the first injection, and usually not more than three doses are given before all dangerous symptoms have disappeared.

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OLD TINCTURES.—Great care should be taken in administering remedies in the form of tinctures which have stood for a long time in small vials in the family medicine closet. When the bottles happen to be loosely corked the alcohol readily evaporates, leaving the drug in the form of a concentrated tincture, the pharmacopœial dose of which might produce very serious, if not fatal, results.

LYSOL.—Attention has been particularly called to lysol by the Chief Sanitary Board of Austria in a published statement regarding the value of a new series of disinfectants. Lysol is composed of caustic potash, oleic acid, and cresols. A solution of one per cent. of this preparation is stated to be sufficient to destroy the cholera bacillus. It is less poisonous than carbolic acid, and is not of a corrosive nature. Lysol is especially recommended for washing the hands, linen, floors, etc.

FIRST SIGN OF THE MENOPAUSE.—Naphey says: "In the change of life the first sign is visible at the lower part of the neck, on a level with the lower two cervical vertebræ. There commences an accumulation of fat, which often grows to form two distinct prominences, and is an infallible index of the period of a woman's life."—*N. Medical Times.*

PILOCARPINE IN ERYSIPELAS.—For erysipelas, Prof. Da Costa continues to strongly advocate and recommend the use of pilocarpine in robust, plethoric subjects. It is of striking value, and better results can be obtained than from any other mode of treatment. The proper dose is gr. one-eighth of pilocarpine, or ♏ xx of fluid extract of jaborandi. Local means are not of much avail.

SALT IN MILK.—Dr. A. Jacobi states, in the *Archives of Pediatrics*, that common salt should invariably be added to cow's milk when infants are fed upon it, and to woman's milk if it forms solid coagula in the bowels, and is indigestible in consequence. Salt "prevents the coagulation of milk by either rennet or gastric juice."

RHUS AROMATICA.—This is a valuable remedy in enuresis of children; dose, from five to ten drops three times a day of the fluid extract. It will also sometimes cure what is believed to be diabetes. Its exhibition in small doses three times a day will steadily decrease the amount of urine passed, and relieve the inordinate thirst. It is the remedy for hemorrhage of kidneys and bladder.

REMOVAL OF PIGMENTATION.—A French medical journal gives the following as a useful formula to remove the pigmentation which appears during pregnancy:

℞. Cocoa butter..... ʒ ijss
Castor oil..... ʒ ijss
Oxide of zinc.....gr. v
Yellow ox. of merc .....gr. ij
Essence rosæ, q. s.
M. ft. ungt. Sig.—Apply twice daily.

Treatment of Acute Bronchitis.

Simple cases usually recover under the use of a good expectorant mixture, such as:

℞. Ammon. muriat..... ʒ ss
Mist. glycyrrhiz co..... ʒ iv
M. Sig.—Dessertspoonful every three or four hours.

When the secretions are abundant, and not easily coughed up, a turpentine emulsion is excellent. For instance:

℞. Ol. terebinth..... 3 ij to 3 iij
Muc. acaciæ, q. s.,
Aq. cinnamon..... ʒ j
Aquæ, q. s.....ad. 3 vj
M. Sig.—Tablespoonful in water every four hours.

Sometimes the cough is of such an irritating character that expectorant measures avail little. Some narcotic must then be used. Codeine has not the disadvantages of morphine, and is efficient. A good combination is:

℞. Codeine sulphat.....gr. viij
Syr. prun. virg..... ʒ ij
M. Sig.—Tablespoonful in water three or four times per day, and at bedtime if necessary.—*W. B. Canfield, in Therapeutic Gazette.*

Chronic Rheumatic Arthritis.

Mr. Hugh Lane, in his recent work on rheumatic diseases, again emphasizes the value of the old recipe commonly known as the "Chelsea Pensioner." Lord Anson

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is said to have given three hundred pounds for the liberty to make it public:

℞. Honey..... ℥ xvj
Sulphur..... ℥ j
Cream of tartar..... ℥ j
Rhubarb..... 3 iv
Gum guaiacum..... 3 j
Nutmeg, no. i.

M. Sig.—Two tablespoonfuls in a small tumbler of white wine and hot water on going to bed, and the same quantity before rising in the morning; the patient to remain in bed until any perspiration that may be occasioned has subsided.—*Internat. Med. Mag.*

Disinfectants.

Experiments recently made by the Health Board of New York city concerning the relative germicidal properties of various substances resulted as follows, the disinfectants being arranged in the order of their effectiveness: Corrosive sublimate, 64 grains to the gallon; carbolic acid, five per cent. solution, bromine, one pound to 200 gallons; permanganate of potash, 7¾ ounces to 200 gallons; chloride of lime, 4 ounces to the gallon; sulphate of iron, 1½ pounds to the gallon; common salt, 2 ounces to the gallon.

Diphtheria.

Gaucher treats this disease as follows: The membranes are detached as far as possible with a piece of wood wound with cotton. The following is then applied to the raw surfaces two or three times:

℞. Camphor.....20 parts
Olei ricini.....15 parts
Alcohol absol.....10 parts
Acidi carbolici.....5 parts
Acidi tartarici.....1 part
M.

This acts as a caustic. The throat should then be frequently irrigated with a one per cent. carbolic solution if possible, otherwise with hot water or a weaker solution. This series is repeated every few hours.

Treatment of Chorea.

Dr. Baumel believes that in the great majority of cases of chorea the predisposing cause is anæmia, the exciting cause being dentition, especially the evolution of the large molar teeth from the sixth to the fourteenth years. He uses the following:

℞. Potassii bromidi.....gr. xxx
Syr. aurant. cort..... ℥ j
Aquæ..... ℥ iij

M. Sig.—To be taken in the course of twenty-four hours.

In addition to this he gives one grain of reduced iron morning and evening, together with a tablespoonful of decoction of cinchona in a glass of sweetened milk.—*Medical Record.*

Vomiting in Pregnancy.

Dr. E. J. Beall of Fort Worth, Texas, recommends the following combination for the vomiting of pregnancy:

℞. Ext. columbæ..... 3 j
Calcu. phos. precp..... 3 ij
Aq. menth. pip. ad..... ℥ ij

M. Sig.—Shake. Two teaspoonfuls pro re nata.

In addition to the foregoing, if needed, tampons of glycerine may be applied against the cervix uteri. This treatment he has found gave relief, where divulsion of the cervix, cerium, nux vomica, bismuth, ingluvin, carbolic acid, etc,, had failed.

Clinical Notes.

After some experience in the treatment of diseases peculiar to the female sex, the following remarks may not be altogether uninteresting. Dr. Chunn writes that the following prescription has been found to allay incessant desire to urinate and irritable bladder, when due to phosphatic deposits in the urine:

℞. Benzoic acid..... 3 ij
Borax..... 3 iij
Aquæ..... ℥ xij

M. Sig.— ℥ ss t. i. d.

This mixture has upon two occasions acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.

It has been the custom of Dr. Chunn, after introducing a vaginal pessary, to direct the patient to pull it out herself if it gives pain, within twelve hours after introduction. In this way, if no good is done there is certainly no harm.

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Sexual relation shortly after the application of such caustics as chromic acid, iodized phenol, and the like, should be prohibited, as such have been known to cause urethritis in the male.

It is well in using hot-water vaginal injections to cool off the nozzle of the syringe at short intervals, as it may become so heated as to produce a vaginitis. As a rule a young unmarried woman who menstruates regularly without pain or leucorrhea, ought not to be subjected to vaginal examination.

Tincture of Iron.

In the "Ephemeris," Dr. Squibb refers to the making of tincture of iron. Its action of late years has not been equal to that of former times. This is said to be due to a change in the method of making. The pharmacopœia of 1870 suggested that there should be an excess of acid, and that the solution should not be used for some months. Ethers were thus developed, increasing the action of the drug. As made to-day only enough acid to give the reaction is used, and no ethers result. Dr. Squibb strongly recommends a return to the method of 1870.—*Brooklyn Medical Journal.*

Oxygen Inhalations.

In an interesting contribution to the *Chicago Medical Recorder*, Dr. N. S. Davis, Jr., remarks:

Briefly it can be said that the indication for oxygen inhalations in respiratory affections is cyanosis. It can be expected to give prompt and very great relief in acute dyspnœa with cyanosis, such as often accompanies asthma; acute capillary bronchitis, broncho pneumouia, croupous pneumonia, œdema of the lungs, or pneumothorax. Usually œdema of the lungs develops at a time when permanent relief is impossible, as the patient is already too much enfeebled to combat the primary malady; but the best results can be expected when œdema threatens or develops early, while the heart and respiratory muscles are still fairly vigorous. Good results can be hoped for in a self-limited disease of short duration such as croupous pneumonia, for by oxygen sometimes life can be maintained until the crisis in the malady is past. Unfortunately, as the reports of its employment in pneumonia show, when cyanosis and œdema develop, the case rarely terminates by crisis, but is prolonged. As digitalis finally fails to stimulate a flagging heart that is extensively degenerated, so in pneumonia, oxygen, though signally efficient at first, finally fails to maintain a good degree of oxygenation of the blood. A degree of well-being can be expected even in chronic dyspnœa, but it will be less marked than in acute.—*Med. and Surg. Reporter.*

Treatment of Phthisis.

In an article on the treatment of phthisis pulmonalis, published in the *Journal of Bacteriology*, the writer states that the patient should always expectorate into a vessel containing a little water, when not using sanitary cups, etc., destined for immediate destruction by fire; these vessels to be often emptied and disinfected.

Broiled steaks, oysters, concentrated proteid, and fat foods should be freely used.

Where there is slowly progressing emaciation, with distaste for fats, suspect phthisis and persistently give Proteinol. Even when tubercle has developed and softened, this remedy will accomplish wonders.

Plenty of exercise in the open air, with the liberal use of Proteinol, would save many a life, especially among that wretched city population who live in small, ill-ventilated apartments (where the air is foul and laden with mechanical irritants), and who form so large a proportion of the phthisical patients that crowd the waiting-rooms of all hospitals for diseases of the chest.

Undoubtedly you have cases in practice which would be of interest and importance given in brief to other readers of the SUMMARY. Let us hear from you with a brief, practical article, favorite prescription, or even a therapeutic note from experience will be welcome and acceptable matter for the SUMMARY.

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New Remedies.

In the following we will mention the most important new remedies that have been discovered of late, selecting only those whose therapeutical value has been proved, and the administration of which is followed by definite results—therefore, only those that may be relied upon. In a general way their chemical nature, and the sources from which they are derived, as well as the method of manufacture, when known, will also be referred to; their doses will be given, and any obnoxious or dangerous by-effects will be brought prominently to the notice of the reader. Many of the new drugs are so-called proprietary medicines—i. e., their discoverers have secured to themselves the ownership, and in some the exact mode of manufacture is kept secret. For these very reasons we have been the more careful to enumerate only the drugs of recognized value to the profession, such as are being employed by the most eminent members of the fraternity here and abroad, so that the reader may place the fullest confidence in every statement made in these lines.

IODUM TRICHLORATUM.—A powerful disinfectant and antiseptic, more effectual than carbolic acid and free from danger; $2ICl_3$.

Dry-warmed iodine is treated with dry chlorine gas. The watery solution alone should be used, as those in alcohol and oil are inert.

Externally for the disinfection of hands, instruments and surgical dressings a solution of 1-1000 up to 1-1500 is recommended; for injection in gonorrhœa, 1-1200. Any brownish discoloration of the skin resulting from the use of the remedy may be removed by touching the spots with thiosulphate of sodium.

Internally in dyspepsia, accompanied by septic fermentation, a solution of 0,1: 120-150 has been advised.

All solutions should be prescribed in dark-colored bottles, and not exposed for any length of time to light.

Prescriptions:

℞. Iodi. trichlorati.. .....gr. x
Aquæ destillat..... ℥ xx

D. ad vitrum opacum. Sig.—For surgical dressings.

℞. Iodi. trichlorati.. .....gr. iss
Aquæ destillat..... ℥ iv

D. ad vitr. opac. Sig.—A tablespoonful every two hours.

—

ACIDUM HYPEROSMICUM.—Employed subcutaneously to reduce parenchymatous growths, in goitre, peripheral neuralgias, etc., and internally in epilepsy.

A combination of osmium, an element belonging to the group of platina metals, with oxygen, OsO_4. The vapor is very irritating to the skin and mucous membranes, and the bottle containing the drug should be opened under water, and only watery solutions be employed. Upon the skin the pure drug produces a painful eruption, which disappears, however, after the use of sulphur-baths.

Externally a watery, one per cent. solution injected into tumors, and especially in intercostal neuralgia and rheumatic sciatica, subcutaneously administered, has produced excellent effects. Pain of short duration and moderate swelling follow the injections.

Internally, gr. 1-60 in pill form, is used in combination with bromide of potash in epilepsy, and seems to increase the action of the last-named drug. Pills intended for a prolonged use should be coated.

Prescriptions:

℞. Acidi hyperosmici.....gr. iss
Aquæ destillat..... 3 iiss

D. ad vitr. opac. Sig.—For hypod. injection; dose, one syringeful.

℞. Acidi hyperosmic.....gr. ss
Potass. bromid..... ℥ j
Aquæ destillat..... ℥ vij
Syrup zingiberi.....ad ℥ viij

M. D. ad vitr. opac. Sig.—3 ij in aqua ter die.

℞. Acidi hyperosmic.....gr. ss
Ext. rad. liquirit, q. s., ut fiant,
pilulæ No. xxx.

D. obduct. gelatin. Sig.—One ter die.

—

MAGNESIUM SALICYLICUM.—Intestinal disinfectant, especially indicated in typhoid fever.

To a boiling watery solution of salicylic acid carbonate of magnesia is added, until the reaction is neutral $(C_7H_5O_3)_2 Mg + 4 O_2O$.

Internally, highly praised in typhoid. While its disinfectant effect is similar to that of salicylate of bismuth, it has the advantage before the latter of a mild laxative effect, thus freeing the bowels of obnoxious material; 45 to 90 grains may be given daily. As the laxative action sets in only after large doses, the remedy is indicated even in the presence of profuse diarrhea.

Prescriptions:

℞. Magnes. salicyl..... 3 iiss
Aquæ destillat..... ℥ vj

M. Sig.—A tablespoonful 4 times daily.

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℞. Magnes. salicyl..... 3 j–3 jss
Divide in chart. No. xii. Sig.—Every 2, 3, 4 hours, one powder.

—

BISMUTHUM OXYJODATUM.—Subiodide of bismuth; powerful disinfectant, especially in suppurating ulcers (Lister).

To iodide of potash and subnitrate of bismuth sufficient diluted nitric or muriatic acid is added to produce a dark-brown paste, which is then treated in the usual way, by washing and drying the precipitate formed in a watery solution. BiOI.

Externally. Its application is analogous to that of iodoform in substance. Suspended in water the drug has also produced favorable results in gonorrhœa. Strength of solution, one per cent.

Internally it is employed in typhoid fever and gastric ulcer; dose, gr. j–gr. iij.

Prescriptions:

℞. Bismuti oxyjodati...gr. xxxviij
Aquæ destillat..... ʒ viij
D. ad vitr. opac. Sig.—Injection; shake well.

℞. Bismuti subjodat.,
gr. xxiv–gr. lxxij
Sacchari albi..... .gr. xlviij
M. ft. pulv. Divide in chart. No. xxiv. Sig.—One ter die. In gastric ulcer and typhoid fever.

—

PARALDEHYDUM.—Sedative and hypnotic.

All aldehydes are products of oxidation of primary alcohols. To a pure aldehyde at a moderate (mean) temperature small quantities of muriatic acid, carbonoxychloride (Phosgen $COCl_2$) and of anhydrous sulphurous acid, or chloride of zinc, are added, when the aldehyde is heated and its metamorphosis into Paraldehyde at once occurs. If concentrated sulphuric acid is employed, the change occurs under explosion. Paraldehyde is a colorless fluid, of a peculiar aromatic, but pungent, odor, almost suffocating. It freezes to a colorless crystalline mass at +10 deg. C; boiling point, 124 deg. C. Easily soluble in ether and alcohol; 100 parts of water can dissolve 10 parts P. without the separation of oily drops; *it is less soluble in warm than in cold water.* The freezing test shows its purity; its solution in cold water must have a neutral reaction! $C_6H_{12}O_3$.

Internally. First introduced nine years ago by Cervells as sedative and hypnotic, especially in cases of excited nervous system; as sedative in doses of 15 to 30 drops, as hypnotic in doses of from 40 to 90 to 150 drops (from one-half to two fluid drachms), but in case of the higher quantity spread over several single doses taken ten to fifteen minutes apart, or more. Best administered in mixtures and emulsions. Rum and essence of citron best conceal the taste.

Prescriptions:

℞. Paraldehydi..... 3 iiss
Rum..... 3 iv–3 vj
Essentiæ citri..... ♏ xvj
Aquæ..... ʒ iv to ʒ ivss
Syrup. simpl..... ʒ j
M. Enough for four or five doses.

℞. Paraldehydi..... 3 j
Aquæ destillat..... ʒ iiiss
Syrup. simpl..... ʒ ss
M. Sig.—Half to be taken at one dose.

To prepare an emulsion, 3 ijss gum acaciæ pulv. are dissolved in water to make a thick mucilage, to which a little paraldehyde is added. This is stirred until the mixture is homogenous, when a little water and a little paraldehyde are again added. In this way, alternately water and paraldehyde are added until we have as much of the latter as of the gummi—viz., 3 iiss. But though the last addition of the drug produces a homogenous emulsion, water enough must be added to make the whole three and a half fluid ounces, to which one-half fluid ounce of syrup. amagdalæ is then added. That emulsion will remain homogenous.

Like chloral, paraldehyde may be given per rectum in the form of suppositories. or as an injection, employing for the latter the emulsion without the syrup. The patient's breath soon has the odor of paraldehyde and tolerance is rapidly established, necessitating an increase in the dose. The remedy is as effective as chloral in strychnine-poisoning. It must be handled in the dark.

We ask everyone who may receive a copy of this issue of the SUMMARY as a specimen to favor it with a close, careful perusal, and if you conclude that it merits your patronage we should be pleased to receive your subscription.

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Favorite Prescriptions.

We hope that our readers will take special interest in this department of the SUMMARY. We solicit practitioners to furnish us for publication with one of more of their favorite prescriptions. Only such as your personal experience has convinced you to be or practical use should be submitted.

Formulas plainly written *on a postal card* is a convenient way for sending. Always give them in this order, please:

1. Name of the disease.
2. The formula and directions.
3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the SUMMARY.

For Irritable Cough of Laryngitis.

℞. Menthol.....gr. iij
Acid. carbol.....gr. iij
Glycerin.....ʒ ij
Syr. glycyrrhiza, q. s....ad. ℥ j

M. Sig.—Five drops on back of tongue.

Another good remedy for sore throat, tonsilitis, pharyngitis, or laryngitis is:

℞. Listerine,

Sig.—Five drops on a lump of sugar; allow it dissolve slowly in the mouth and swallow.

One of the best gargles in acute sore throat is hot claret wine. It is agreeable as well as astringent.

OREN ONEAL, M. D.

Wabash, Ind.

For Diphtheria.

℞. Ether (Squibbs),
Iodoform (Merck's), sat. sol.,
aa ℥ iij

M. Sig.—Use as a spray three or four times per day.

GONORRHEA.

℞. Zinc. sulph.....gr. viij
Aquæ.....℥ ij

M. Sig.—Inject enough to distend the urethra after urinating.

DIARRHEA.

℞. Ether chloride,
Tr. opii,
Tr. rhubarb .....aa.....℥ j

M. Sig.—Teaspoonful every six hours for a severe case.

EMBALMING FLUID.

℞. Alumina sulph.....m v
Arsenous acid.....ʒ v
Aquæ.....O ij

M. Sig.—Inject three to four quarts of this mixture into all the vessels of the body.

A. G. ANDERSON, M. D.

Pilcher's Point, La.

For Diarrhea—Reply.

Dr. G. S., of New York, asks for a remedy for diarrhea as it occurs in New York. Perhaps the diarrhea there is different from that occurring here. I have used the following during the past summer with uniform success. Of course it is not suited to all cases. This can only be found out by testing it:

℞. Tr. ipecac,
Tr. aconite rad....aa.....gtt. x
Aquæ.....ʒ iv

M. Sig.—Teaspoonful every two hours.

This formula was given in the SUMMARY some months ago, I believe. You remember there are quite a series of forms of diarrhea, and each one has to be treated accordingly.

1. Irritative crapata (gluttonous diarrhea). This comes from over-eating or drinking. The food irritates the mucus membrane of the intestine, or fermentates, and then irritates it.

2. Mechanical, as seen in chronic diseases of heart, liver, emphysema caused by passive congestion.

3. Symptomatic, as seen in typhoid fever or tubercular disease of the lungs.

4. Nervous (lienteric, slippery). This is seen in nearly all cases in children who eat a great deal. It is passed out almost immediately after eating.

5. Fatty diarrhea. This probably comes from some disease of the pancreas, and is rarely seen, It is only to be cured by giving large quantities of fat in conjunction with other treatment.

6. Choleriform. Seen in cholera infantum and cholera.

For acute diarrhea of adults I give:

℞. Bismuthi subnit.,
Pulv. kino.....aa..... ʒ j
Pulv. opii.....gr. vj

M. ft. chart No. vj. Sig.—One every two hours. Regulate diet and give tea if thirsty. If the diarrhea has become chronic, treat thus: Give no whiskey or ice water. Give small lumps of ice, fatty food, cream, cod-liver oil, or fat meat, and:

℞. Bismuthi subnit.....ʒ j
Pulv. ipecac.....gr. ij

M. ft. chart No. vj. Sig.—One every four hours. To this may be added a little opium, but it must be left off if stools become dry and few.

Will the Doctor kindly try these and report results through the SUMMARY?

B. RAY BROWNING, M. D.

Littleton, N. C.

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Notes and Queries.

We cordially invite questions for this column on all subjects of practical interest and value to physicians. Brief, pointed, practical paragraphs embodying the personal experience of any of our readers will also be acceptable as contributions to this department. The SUMMARY is thus a valuable medium for the intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

Communications for this department should be written on one side of the paper only.

The QUERIES in this issue await the ANSWERS which our intelligent readers may be pleased to contribute for publication in our next

Specific Medication in Typhoid Fever.

What a wonderful ado is nowadays made about the treatment of typhoid fever! A score or more of specific remedies are vaunted, and yet patients continue to die about as usual. I still believe in good nursing, and the simple treatment of the late Prof. Dunglison. It is a pity that his "Practice" is out of print.

ABRAM LIVEZEY, M. D.

Yardley, Pa.

Reply to Queries.

Editor Medical Summary:

I offer the following in reply to the requests of Dr. Clutterbuck and Dr. Richardson in your last issue.

Dr. C. calls attention to his "queer case" of fifteen years' standing. If the doctor has treated it but half this time he is at least entitled to all benefit of the presumption that his treatment was not harmful, or his patient would not now be susceptible to any benefit resulting from his anxious solicitude. The symptoms detailed are constant involuntary action of the muscles of the face, and frequent jerking of the head, simulating chorea; also, persistent headache, debility, nervous depression, and convulsions frequently at night.

If a name were to be given to the condition developing this combination of symptoms, it would evidently be chronic cerebral congestion. This vascular disturbance has so destroyed the equilibrium of nerve force about the origin of the portio dura of the seventh nerve that its influence over the muscles of the face to which it is distributed is no longer dependent upon the will, but continues to discharge its force involuntarily. The nocturnal spasms are from a like cause, and the prevailing headache is a resulting symptom of the congestion. These united influences have produced a neurasthesia that has destroyed the energy of the patient, and so disturbed the vital processes that emaciation and debility have resulted.

For relief make frequent use of leeches, or wet cupping, over each mastoid and posterior cervical surface. (A reaction is likely to occur in the latter part of the first twenty-four hours after the first or second resort to these local depletions, that may cause renewed ill-feelings in the head, and greatly discourage the patient; but the physician should only recognize the condition as requiring an immediate repetition of the depletion, and soon it will be required at much longer intervals.) Also:

℞. Fld. ext. cascara sagrada... ʒ iv
Sod. brom.,
Pot. brom.,
Ammon. brom.....aa.....℥ iv
Syr. auranti, q. s.....ad. ʒ iij

M. Sig.—Teaspoonful in water before meals and at bedtime. Make no use of tonics or stimulants until the head is relieved.

Dr. Richardson's case of eczema, that has resisted the treatment of "four good doctors" and himself, (which we will take the liberty of saying makes *five* "good doctors,") for over three years, has doubtless ceased to be eczema, but has assumed the nature of psoriasis. This at one time was a name for chronic eczema. (See "Psoriasis," in Wilson on Diseases of the Skin, 6th Am. ed., 1865.) It, however, differs from eczema in the absence of the watery discharge from the affected surface, that is so characteristic of eczematous affections. The duration of the case, and the rough, scaly surface described, suggest psoriasis, for which a local treatment is often all that is needful. A good remedy is:

℞. Iod. sulph.....gr. xxx
Adeps prep.....ʒ j

Make in a fine ointment and apply twice daily.

The above is a favorite with me, but the chrysarobin is latterly a more reputable remedy. A good preparation of it is as follows:

℞. Chrysarobin,

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Acid. salicyl.....aa ....gr. xxiv
Petrolatii..... ..... ℥j

M. fiat ungt., and apply to parts affected. Inflammatory action, if existing, should be remedied, and the scales removed by warm baths of water and soap before the use of these special remedies. Establish and maintain (if absent) a free renal action with an alkaline predominance of the secretions by the use of a solution of sod. salicyl., three times daily. Pot. act. in doses adapted to the age of the patient.

J. T. PURVIANCE, M. D.

Steubenville, O.

A Clinical Memorandum.

The following clinical history is one of curious interest as illustrating the liability to overlook the true cause of local disorders occurring in young children:

In 1876, a female child, three years of age, was brought to me with phlyctenular keratitis. There was marked photophobia and lachrymation, numerous phlyctenulæ along the corneal margin in both eyes; the conjunctiva of bulb and tarsi were studded with minute elevations. The soft palate was, in like manner, well covered with these phlyctenulæ, and the nasal mucus membrane was swollen, filling the nostrils. The upper lip, ala nasi and cheeks below the eyelids were excoriated by the irrigating discharges. The child was palid and badly nourished, the appetite precarious, and bowels disordered. In a word, a typical picture of strumous opthalmia was presented by the little sufferer.

The conditions slowly subsided under atropia solution, and calomel by insufflation locally, syrup of iodide of iron, cod liver oil internally, and an improved general regimen. There were frequent relapses, however, so that during the succeeding two years the child was treated through several similar attacks, in some of which small, herpetic ulcers formed on the surface of the cornea, with leashes of vessels approaching them from the corneal limbus. These relapses finally ceased, and the child passed from observation until 1888, when she was brought to the eye clinic of the University Hospital — aged fifteen years. She was a bright, intelligent child, with antero-posterior curvature of the spine, causing a pronounced hunchback. There was some photophobia, slight ciliary injection, and well-marked interstitial keratitis, with its characteristic phenomena. The upper central incisions showed the typical pegged and notched form of the Hutchinson teeth. The eye symptoms recovered, with great improvement in the general health, under the mercurial bandages, pursuing, however, the tedious course which characterizes this form of hereditary syphilitic disease.

When first seen in 1876, there was nothing in the case which led me to suspect that the child's badly nourished condition was due to inherited specific disease. The mother was an apparently healthy woman, but the father was an inebriate, and a very dissolute man—the only circumstance that might have led to a suspicion of syphilitic taint in the child. It is interesting to inquire how far the subsequent unfortunate medical history, the hunchback, the specific keratitis, and the long years of suffering involved, might have been prevented by the administration of mercurials during the recurring attacks of phlyctenular disease in early childhood.

S. D. RISLEY, A. M., M. D.

Attending Surgeon Wills Eye Hospital; Lecturer on Ophthalmology at University of Pennsylvania.

Dyspepsia With Eructations.

Editor Medical Summary:

Having had occasion to treat several cases of dyspepsia, with eructations, I decided upon some combination of salicylic acid to prevent, if possible, the fermentative changes going on in the stomach and intestines. After having used carbo-ligni, bismuth, pepsin, pancreatine, etc., without much apparent benefit, I resolved to try the strontium salts.

Especially have I found the anti-ferments efficacious in that form of dyspepsia with puffed and flabby tongue, constipation, flatulency, highly-colored urine, with excess of urates, and earthy phosphates and constant desire to go to stool. A preparation made by evaporation of medicated waters, prepared by the Phenique Chemical Co., known as Salitonia, has proved of merit in quite a number of cases, and

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meets every indication. It contains, besides the sodium and potassium salts, lithium carbonate and strontium bromide. It is readily soluble in water, and not unpleasant to the taste. It acts as a mild laxative by promoting peristalsis, thus relieving engorgement of the liver; and diminishes the phosphates and urates, rendering the urine less acid. It is best administered before meals, in fifteen or twenty grain doses dissolved in two or three ounces of water, but can be repeated as frequently as occasion requires. For convenience it is also put up in tablet form, of five grains each. In dyspepsia with enuresis in infants it deserves therapeutical distinction.

H. F. FITZGERALD, M. D.

St. Louis, Mo.

Oxygen vs. Cholera.

Dr. Leach, on page 235 of the November SUMMARY, presents his views of "Arsenic vs. Cholera," and solicits criticism of the theory, etc. I would say the arsenic "at last biteth like a serpent and stingeth like an adder." If he had proposed something plausible that would do no hurt I would not object. I will now advance something plausible which will surely do no hurt, and will very likely do everyone good who tries it, viz: To prevent cholera in infected regions, have everyone inhale pure oxygen to a proper degree two or three times per day. To cure a patient of cholera have him inhale largely of pure oxygen every hour for the first ten or twelve hours of the disease. It will oxidize the blood and be likely to kill all cholera germs in the blood. You can also, with good effect, give injections of peroxide of hydrogen to cholera patients.

SILAS HUBBARD, M. D.

Hudson, Ill.

The Third Stage of Labor.

Editor Medical Summary:

There has been much said and written in regard to the proper time and way of completing the third stage of labor. Shall the doctor sit by supine and wait for nature to do the work, or shall he make an effort to aid her? I have been in practice for over forty years, and attended in that time over fifteen hundred cases in midwifery. My plan has always been—if there was nothing wrong in the case—to remove the placenta before leaving the bedside of the mother, after the infant was safely handed over to the nurse. This has always been my practice, and I have never had reason to regret or change it. If I have done wrong no bad results have followed, and I am content. If there are those who prefer waiting, this is a free country.

G. C. UPSON, M. D.

Cuyahoga Falls, O.

Rusting of Instruments—Reply.

Editor Medical Summary:

I read the article on rusting of surgical instruments, in the November SUMMARY, with much pleasure, inasmuch as I had some experience in that line myself while house student in the Hospital of the University of Maryland. During the twelve months or more of my stay there, Miss Parsons had charge of the various wards and the operating room. We had considerable trouble in preventing the rusting of instruments, and not until we adopted the soda solution did we prevent it to any great extent. The instruments were not of the best quality and were not heavily nickel-plated. I had quite an extensive experience with the surgeon of that institution, Prof. Tiffany, who used only the best and heaviest nickel-plated instruments and it was our almost daily observation that they were the least affected. During my stay at the New York Polyclinic, I had a splendid opportunity to observe how they sterilized their instruments at the various institutions. I was particularly struck with the modus operandi at the Roosevelt Hospital. The instruments were of the best quality, and they were wrapped in towels, placed in the sterilizer and allowed to remain for some time. When removed for use they were placed in a glass basin of alcohol until the moment of use. Prof. Chisolm, of Baltimore, invariably boils the tips of his instruments in alcohol. In a great many of the private hospitals in New York instruments are boiled, and placed in a carbolized solution.

B. RAY BROWNING, M. D.

Littleton, N. C.

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Book Notices.

CHARACTERISTICS. By S. Weir Mitchell, M. D., L.LD., Philadelphia. Cloth, gilt top, 307 pages. The Century Co., Publishers, New York. 1892. Price $1.25.

The author is a novelist, poet and physician, and in each of these departments he has gained for himself almost a world-wide reputation. The present volume is a romance and appears now in book form, having run its course as a serial in the *Century Magazine*. The book is a peculiar one in some respects, but possesses a deep interest for the thoughtful reader, In it, in the form of a narrative, the author has given the results of a lifelong study of human nature, skillfully dissecting various impulses, and discoursing entertainingly on love and hate, art, music, literature, health, sickness, life and death. This is not a medical work, but as a deviation from the monotony of things it will furnish papulum to the thoughtful reader, if he is a practitioner, that may ultimately become of practical value to the possessor.

OVER 1,000 PRESCRIPTIONS AND FAVORITE FORMULÆ, from Authors, Professors and Practicing Physicians. The Illustrated Medical Journal Co., Publishers, Detroit, Mich. 1892. Price, cloth, $1.00.

Most of the formulæ contained in this volume (of about 300 pages) have appeared in the columns of *Leonard's Illustrated Medical Journal* during the past five years, and are practical prescriptions of old and new remedies for various types of disease. Each right-hand page contains the printed matter, while the opposite one is left blank for recording, by pasting or copying any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formulæ you may see fit to copy into the pages of the volume.

ADDRESSES AND ESSAYS. By G. Frank Lydston, M. D., Chicago, Ill. Second edition. Renz & Henry, Publishers. Louisville, Ky. 1892.

This neat volume of nearly three hundred pages contains some of the author's late contributions to medical science, and here are the subjects dealt with: Evolution of the local venereal disease, gonorrhea in women, hypertrophy and hyperplasia consequent upon lesions of the genitalia, aberrant sexual differentiation, a plea for early operation in acute peritonitis, studies of criminal crania, materialism vs. sentiment in the study of crime, the *rationale* of extension of the spine, trophoneurosis in the phenomena of syphilis, varicocele, observation on stricture of the urethra, the treatment of syphilis, sexual perversion, urethral and genital neuroses, a case of circinate papulo-erythematous syphilide with psoriasis palmaris syphilitica. The author is an independent thinker, and in his attractive and forcible style presents much of great value to the general practitioner.

TUBERCULOSIS OF BONES AND JOINTS. By N. Senn, M. D., Ph. D., Professor of Practice of Surgery in Rush Medical College, Etc. Illustrated with 107 engravings, seven of them colored. In one handsome royal octavo volume, 520 pages. The F. A. Davis Co., Publishers, Philadelphia, Pa. 1892. Cloth, $4.00; sheep, $5.00; half Russia, $5.00.

The author of the volume before us is a prolific writer, as well as a surgeon in every sense of the word, whose original work has earned for him a world-wide reputation. The book is written in a very systematic manner; it is thorough, comprehensive, and at the same time very practical in character. In an admirable manner has the author accomplished his object, and here presented, in a condensed form, the modern ideas on tubercular disease of bones and joints. This is a work of intrinsic value, and no progressive surgeon or physician can well afford to be without it.

DISEASES OF THE LUNGS, HEART AND KIDNEYS. By N. S. Davis, Jr., A. M., M. D., Chicago. Ill. The F. A. Davis Co., Publishers Philadelphia, Pa. 1892. Price, cloth, $1.25.

This is a volume of 359 pages, and number four in the Physicians' and Students' Ready Reference Series, comprising a part of the topics lectured upon by the author in the Chicago Medical College. As clear and concise a description of the subject matter as would appear possible for the size of the volume has here been presented.

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Summary Gleanings.

Dr. Henry Dessau, of New York City, has called attention to the fact that the place to look for the earliest sign of the eruption of measles is behind the ears, extending up to the scalp where the hair begins. It can also be detected by irregular red points on the soft palate.

It is stated that 50 parts sulphide of barium and 25 parts each of starch and oxide of zinc, with sufficient water to make a paste, spread on a hairy spot, will, in ten minutes, when scraped off, leave the surface perfectly smooth.

The mono-bromate of camphor, thoroughly triturated with sugar of milk, is specific in small doses to all disorders of childhood, caused by reflex nervous irritation, especially those of dentition.

"A Voice from the South" is the title of a book which will be sent you free if you mention the SUMMARY. Address, Clemiana Chemical Co., Atlanta, Ga.

Turpentine oil has been found to be a powerful deodorant of iodoform, particularly serviceable in removing the odor of that drug from the hands, spatulas, mortars, etc. Wash with a little of the oil, and, half a minute later, with ordinary soap.

Wyeth's Beef Juice is a delightful article. It retains all the nitrogenous principles of the meat, and when used cold or blood-warm gives a beef product of excellent quality.

Dr. Hare says that he has found camphoric acid of value in night-sweats from any cause. Given in tablets or capsules, twenty grains three times a day.

Two drops of camphor on your tooth-brush, says an exchange, will give your mouth the freshest, cleanest feeling imaginable, will make your gums rosy, and absolutely prevent anything like cold sores or affections of the tongue.

Phosphate of soda, in ten-grain doses every two hours, will correct the action of the liver, and overcome quickly the long train of symptoms present with the passage of clay-colored stools in children.

Aromatic elixir of yerba santa is recommended as a most acceptable vehicle for the cinchona alkaloids.

To non-subscribers who receive this number of the SUMMARY we will say that if you send us your subscription now for 1893, we will mail you the three last numbers of this year *free*, while the supply lasts.

Papoid is a new drug, from the tropical fruit carrica papaia, and is used as a substitute for pepsine. See advertisement over index in this issue.

Dr. Hare thinks that codeine is not used in diabetes as much as it should be. One to three grains three times daily; increase slowly till it produces drowsiness, then reduce.

Wanted, every subscriber to the SUMMARY to become an agent, and get one—only *one*—more subscriber. Have you not a friend who is not a subscriber that you think should become such?

Dr. Cline, of Woodstock, Va., states that he "has been surprised just twenty-two times in the cure of goitre." Tincture of iodine is used externally, while corydalis and iodide of potassium are given by the mouth.

The attention of those who receive this number and are not subscribers is particularly directed to the order blank to be found among the advertising pages. We make special liberal offers.

Passiflora incarnata in ten-drop doses will prevent spasms in children, and will relieve the tonic spasms of cerebro-spinal meningitis. The dose must be frequently repeated.

In this issue of the SUMMARY we have introduced another special feature—that of thorough, practical notes on "New Remedies."

Radamacher recommends an injection of five minims of pyridin in three ounces of water as the most efficacious of all local remedies for gonorrhœa.

Pulv. Antiseptic Co (Kenyon) is of great value in the treatment of vaginal and uterine catarrh and leucorrhea. It gives good results in the treatment of ulcers, abscesses, and as an antiseptic application. It has peculiar alterative properties.

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The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession. It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains:			
Pure Cod Liver Oil	60 m. (drops)	Soda	1-3 Grains
Distilled Water	25 "	Salicylic Acid	1-4 "
Soluble Pancreatin	5 Grains.	Hyocholic Acid	1-10 "

Recommended and Prescribed by EMINENT PHYSICIANS Everywhere, It is pleasant to the Taste and acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuæ, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

The following are some of the diseases in which HYDROLEINE is indicated:

Phthisis, Tuberculosis, Catarrh, Cough, Scrofula, Chlorosis, General Debility, etc.

TO BRAIN WORKERS of all classes, HYDROLEINE is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," and "Consumption and Wasting Diseases," by two distinguished London physicians, which will be sent free on application.

SOLD BY DRUGGISTS GENERALLY.

C. N. CRITTENTON,

SOLE AGENT FOR THE UNITED STATES. 115 FULTON STREET, N. Y.

A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U. S.

DERANGEMENTS OF THE LIVER

Horsford's Acid Phosphate.

has been used with good effect in diseases of the liver, and biliary disorders, where an acid treatment is indicated, and has especially proved a desirable medium to employ in chronic hepatic affections. By its action it stimulates the liver and promotes an increased flow of bile.

The Acid Phosphate is far superior to the nitro-muriatic acid of the pharmacopœia, in that it serves to assist digestion, and promotes in a marked degree the healthful action of the digestive organs.

"Dr. O. G. Cilley, of Boston, says: "I give it in all cases where there is derangement of the liver, with the most remarkable success. With my patients it has agreed wonderfully."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

Beware of Substitutes and Imitations.

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PLATT'S CHLORIDES IN THE SICK-ROOM.

"The importance of disinfecting the expectorations of patients suffering from chronic pulmonary disease, and the alvine discharges in fevers, diarrheas and dysenteries, it seems to us has not been sufficiently urged upon the profession. We would recommend for all these purposes, the powerful yet odorless solution known commercially as PLATT'S CHLORIDES. Free from all objectionable features, it is peculiarly adapted to all the requirements of the sick-room."

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RALPH N. ISHAM, M. D.,
CHICAGO, ILL.
Prof. Prin. and Pract. of Surgery, Chicago Medical College.

Literary Notes.

What would you do if you were a stranger in London, with no money except a million-pound bank-note in your pocket, and some good reasons why you were afraid to go to the Bank of England and get it changed? This is the theme of Mark Twain's story, "The £1,000,000 Bank-Note," which is printed in the January *Century*.

The series of papers to be known as "Wide Awake Athletics," — which *Wide Awake* is to publish monthly—is opened by a bright and practical foot-ball paper by Captain Arthur J. Cumnoch, the Harvard foot-ball captain and coach.

The January *St. Nicholas* contains the opening paper in a series that magazine is to print on leading American cities, illustrated. In this article Colonel T. W. Higginson describes Boston in a way to interest boys and girls in the literary history of that city. For future numbers of *St. Nicholas*, Dr. Lyman Abbott will write of Brooklyn, Edmund Clarence Stedman will describe New York, and other famous residents of the different cities will describe them.

A small souvenir book, illustrated in colors, and devoted to the description of the business of *The Youth's Companion*, and especially illustrating the new building, which is just completed and occupied, has recently been received. While the *Companion* is one of the oldest papers in the country, having been started in 1827, it is one of the freshest and most vigorous of all our publications, and has attained the unequalled circulation of six hundred thousand copies weekly. Its prospectus, containing the announcement of authors and articles for the year 1893, shows that the coming volume will be, if possible, better than any of its predecessors. Any new subscriber may obtain the souvenir book free by asking for it at the time the subscription is sent. Price $1.75 a year. Boston, Mass.

The latest and prettiest song now being sung on the stage is entitled "The Indian Summer Time." It is by the popular author, Will L. Thompson, of East Liverpool, Ohio. The price is 40 cents. Send the author half price and you will receive a copy.

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It is Important

For the Physician to watch the character and quality of the remedies used in his prescriptions. Responsibility *does not cease* when the patient leaves the office, for impure, stale or inferior preparations may be used without his knowledge. Personal examination of remedies prescribed—is the best check upon substitution.

Ferro-Salicylata
LIQUID.

—o—

Merrell.

—o—

An eligible combination of Methyl Salicylate and Tincture Citro-Chloride Iron in a pleasant and permanent form.

Each fluid drachm contains:

True Salicylic Acid—from Oil Wintergreen (Methyl Salicylate) - - - 5 grs
Tinc. Citro-Chlor. Iron, 5 minims

Ferro-Salicylata is especially valuable in that shade of disease peculiar in anæmic, delicate, poorly nourished or broken down patients—usually aged people—children or youth—but met with in all ages. In adults, and often in children when the disease is not plainly chronic, there will be a long series of recurrences with intervals of doubtful health. It may also be employed in acute articular rheumatism, and in some cases of acute tonsilitis, especially where the diagnosis is at first in doubt between rheumatic angina and diptheria; also in acute rheumatism and the rheumatic affections generally.

Ferro-Salicylata may be used in combination with the Iodides and Bromides of Potassium and Sodium. Associated with the former, it will prove an admirable alterative and tonic in second syphilis attended by a debilitated condition of the general system. It also combines well with Chlorate Potassium, the Hypophosphites, with Fowler's Solution, the vegetable bitter tonics, either in Fluid Extract or Tincture Form.

Ferro-Salicylata and all other preparations of this Company, reach the laity through professional channels only. We therefore avoid entering into the minute details of their application, leaving the physician to make such practical use of our therapeutic notes as in his judgment may be best suited to individual cases.

Fluid Hydrastis.

—o—

Merrell.

—o—

The best representative of the drug in fluid form, containing the combined alkaloids in the same proportion as they exist in the root, and especially valuable in all diseases of the mucous surfaces. It will mix with water, syrup, glycerine, or alcohol without precipitation, and being so perfectly bland and non-irritating may be applied to the most delicate mucous surfaces without unpleasant effects.

ELIXIR
Pinus Compositus

MERRELL.

Each fluid drachm contains:

White Pine—fresh bark..2½ grs
Balm Gilead Buds.....2 grs
Spikenard.....2 grs
Cherry Bark.....1¾ grs
Ipecac.....1-4 grs
Sanguinarina Nitrate.....1-64 gr
Moryhine Acetate.....1-16 gr
Ammonium Chloride.....½ gr
Chloroform.....¼ minim

—o—

An admirable combination of well known and highly approved medicinal agent; recommended in acute, chronic and capillary bronchitis—in ordinary coughs and colds, and wherever a "routine" expectorant is suggested.

CAUTION.—Physicians are reminded that the Elixir Pinus Compositus of this manufacturer is wholly unlike the many syrups, etc., under similar names, and the difference will be readily appreciated when tried. In testing the physical properties of the Elixir Pinus, note especially its delicate taste and perfect freedom from the odor of rank syrup, the drastic, harsh and repulsive characteristics of the crude blood root, and other coarser ingredients characteristic of competing preparations.

"Merrell & Co.'s" "Green Drug," Fluid Extracts, True Salicylic Acid, Salts of Hydrastis, Fluid Hydrastis and Specialties may be obtained of wholesale druggists throughout the United States. Prices current and printed matter cheerfully supplied.

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Under this head we shall insert free of charge an advertisement occupying not more than four lines, which is equal to about twenty-eight words, to any one whose name is on the subscription list of the SUMMARY. For additional words, or if more than one insertion is desired, cash, at the rate of *Two Cents per word*, is required. If letters are to be sent in care of this office an extra fee of 25 cents must accompany the order. Instruments, Preparations, etc., advertised under this heading at double the above rates.

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FOR SALE.—A complete large oxygen apparatus, cheap, by Dr. Kocieil. Medicine Lodge, Kansas.

FOR SALE.—Property and practice, a splendid location. Address, with stamp, D., care MEDICAL SUMMARY.

FOR SALE.—At half cost, a dwelling and all necessary out buildings, all good as new, only six years old; the finest location for a physician in the country. Any good physician can book $2,000 a year; no opposition. Will sell for $500, cost $1,000; will take part down, balance on time. If you want a place that will suit you, and cheaper than you ever heard of, and mean business, write me at once; will give reason for selling on application. Address, J. Thomas Crocker, M. D., Lonelm, Franklin County, Arkansas.

FOR SALE.—At a bargain. Drug stock, building and lot on main street, which has office and residence attached, in railroad town; fine surrounding country; pay good and good trade in store. Reasons for wanting to sell and price made known by addressing C. H. Kehler, M. D., Bladen, Webster county, Neb.

FOR SALE.—An old-established practice in one of the nicest situated towns in Montgomery county, Pa.; will sell property, horse and carriage, etc., for $5,000. House heated throughout with steam. One-half can remain. Address, Surgeon, care MEDICAL SUMMARY.

DR. W. V. WILSON'S New Book on "Vomiting and Headaches," complete in one volume of 500 pages, will be issued about February 1st, 1893. Price, $2.75. Prospectus mailed on application. Address, JOHN SAXTON, 818 Chapel St., New Haven, Ct.

ANY physician wishing a good practice in Providence will learn of something greatly to his interest by writing for particulars to "Physician," Box 378, Providence, R. I.

THE NATIONAL MEDICAL EXCHANGE, Elkhart, Ind. List and terms, ten cents.

Constipation.

Pavara Pills produce a prompt, painless and natural evacuation of the bowels, *without the usual sequence of constipation*; and they will not, under any conditions, interfere in the slightest degree with other medical treatment.

Formula printed on outside label.

For **constipation during pregnancy**, these pills are a perfect remedy.

A large bottle (150 pills) will be mailed to any physician, for trial, on receipt of 25 cents in postage stamps.

Prepared by C. L. TOPLIFF, New York. P. O. Box 991. Depot, 115 Fulton Street.

Dr. W. M. Goodman Says:

I have used the Elixir Three Chlorides made by Renz & Henry, of this city. As an alterative tonic it has no superior, representing mercury, iron and arsenic combined in a palatable form, easily assimilated and retained by the most delicate stomach.

Louisville, Ky.

May 1, 1891.

Tritica.

THE SEARLE & HERETH CO.,
Chicago, Ill.

Dear Sirs. — Allow me to express my high appreciation of your very valuable addition to our materia medica. Tritica will do all you claim for it in kidney and bladder affections. In cystitis, acute and chronic, it gives results no other single remedy will give. Its action on the kidneys is mild and certain, rendering the urine unirritating, and when combined with rhus aromatica is a valuable remedy in the incontinence of urine in children.

Yours fraternally,

M. MCMAHON, M. D.

Irving, Ill., Nov. 13, 1892.

Mennen's Borated Talcum Powder has been a great success. Their business has had a phenomenal growth. Physicians have frequently expressed themselves that they have tried the powder, and can conscientiously recommend it to their patients. Physicians can get a full-size box free by applying for the same. Mention the SUMMARY when you write.

Dr. A. V. Benedict, Buffalo: "The main use to which I put Sander & Son's Eucalyptol is as a stimulant and expectorant in cases of bronchitis, whether single, tubercular, or occurring as branch pneumonia. It is antiseptic and tends to check catarrhal secretion."

"Your sample copy received. I want it! Enclosed find two dollars, for which send me the SUMMARY one year and your Physician's Call-Book and Ledger. The journal is just the thing to glance over during office hours on dull days."—JOHN W. POOLE, M. D., Sheepshead Bay, L. I.

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MEDICAL SUMMARY,

A MONTHLY JOURNAL OF

Practical Medicine, New Preparations, Etc.

R. H. ANDREWS, M. D., Editor, P. O. Box 1217, Philadelphia, Pa.

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R. H. ANDREWS, M. D., PROPRIETOR.

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PHILADELPHIA, FEBRUARY, 1893.

HYPODERMICS.

The value of hypodermics is incalculable, partly because it helps to reach desired results with certainty and despatch, thereby saving valuable time and anxiety from delay; and partly, and more particularly, because it abridges suffering and increases chances to live.

In painful affections—as cholera morbus, cholera, angina pectoris, and in the various neuralgias — as tic douloureux, sciatica, lumbago, etc.,—the maximum of relief is obtained in a minimum of time, the patient sinks into refreshing rest or slumber, and the physician is at liberty to hasten to others who need his valuable services.

In some of the above-named maladies by the quick, energetic action of the medicament many lives have been rescued from the very jaws of death. Likewise in obstetrics it has verified its claim to superior usefulness by ready adaption to combat the serious complications that arise; it robs menorrhagia, post-partum hemorrhage and eclampsia of their terrors. How many lives have been saved by its timely use would be futile to inquire, suffice it to say *hundreds* that under the slovenly and inefficient methods of the regime must have died.

The attendant need not stand by, figuratively speaking, with hands tied, anathematizing fortune. He gladly embraces every opportunity, because he feels that there is power to stop the outflow of life, or exorcise the frightful demon.

The future of hypodermics rests on a firm basis. May it be too much to conjecture that sometime it may become the almost exclusive method of medicating. Why not? Great good would accrue and no harm. The stomach would no longer be the receptacle for drugs; it would get a rest, and therefore be at liberty to exercise its legitimate functions in a proper

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way—truly a desideratum, as sustentation by food is to be more desired than that by drugs. Instrument and medicine will be made perfectly aseptic, wherefore no painful or evil consequences will follow their use to the cellular chambers under the skin.

With syringe perfected and medicaments accurately proportioned, and entirely unirritating and innocuous, is it not feasible to treat diseases with more safety, less pain and discomfort, and more certainty and celerity, than by the oral hypodermic and rectal processes as they are now practiced, if all were combined? For fevers, pneumonias, neuralgias and rheumatism, the hypodermic affords a ready weapon of conflict.

NEW REMEDIES.

Research is mainly directed along lines designed to perfect our knowledge of minute anatomy and histology for the elucidation of pathological facts, the elements *sui generis* of diseased action, and to discover and adopt effective means and methods for their successful removal, and the re-establishment of normal anatomical and physiological relations.

Have these researches been fruitful? They have. The experimental therapist, the pathologist and the pharmaceutical chemist alike testify, by the invaluable products of their joint labors, to an abundant harvest of good results, whose far-reaching utility has materialized in, modified, and made better the practice of every physician in the land.

The revolution is on, and no power can stay its march of wonderful achievements. This is an age of brilliant advancement toward the more perfect in science and art, and nowhere is it more apparent than in Medicine, whose crowning glory is that her genius is devoted to the amelioration of human suffering and the conservation of health. Europe vies with America, in generous rivalry, in the zealous contest to acquire surer means and ways of relief, hence the marvellous growth of experimental therapeutics. The lamp of the histologist sheds its rays in the darkest recesses of cellular pathology, and makes plain to our understanding what was a domain of uncertainty to our fathers, while the skilled hand of therapy, armed with the more perfect weapons fashioned by the subtle cunning of the chemist, restores to order and beauty the house that God built.

We would not undervalue the *old* remedies, because they have served our purpose long and well, and won for us many hard-fought battles; we propose to retain all the worthy ones in our list.

Medicine counts among her most trusty agents, quinine, opium, calomel, and a host of others that have stood the crucial test of experience for two hundred years. But we can not fail to recognize the added advantages that accrue from the use of the many deservedly popular favorites that have so very recently been introduced to our notice and successfully tried in our practice. Many of these are unequalled — as antipyretics, as analgesics, as anti-rheumatics, and others are unsurpassed in the treatment of cutaneous diseases.

As already said, a revolution has been inaugurated, the march of events is to new triumphs, and it may be expected that year by year there will come forward new and more perfect agents, still better adapted to the needs of the profession, all tending to afford him whose duty it is to assuage the pain and guard health, more certain help to accomplish that object.

As a special favor we ask that you show the SUMMARY to your friends. In this way you can help us increase our subscription list at small trouble to yourself.

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New Remedies.

In the following we will mention the most important new remedies that have been discovered of late, selecting only those whose therapeutical value has been proved, and the administration of which is followed by definite results—therefore, only those that may be relied upon. In a general way their chemical nature, and the sources from which they are derived, as well as the method of manufacture, when known, will also be referred to; their doses will be given, and any obnoxious or dangerous by-effects will be brought prominently to the notice of the reader. Many of the new drugs are so-called proprietary medicines—i. e., their discoverers have secured to themselves the ownership, and in some the exact mode of manufacture is kept secret. For these very reasons we have been the more careful to enumerate only the drugs of recognized value to the profession, such as are being employed by the most eminent members of the fraternity here and abroad, so that the reader may place the fullest confidence in every statement made in these lines.

LANOLINUM.—The fat obtained from the wool of sheep. Used in skin diseases.

As the discovery of this substance and some special characteristics of it are but little known in general, we will mention them here.

The presence of fat in especially sheep's wool was long known, for in the case of the wool of Australian sheep several drops of this oily substance may be expressed with the fingers; but easy as it seems, the work of separating this fat has proved one of far greater difficulty than was suspected. All fats can be saponified by the action upon them of watery alkalies, as potash, lye, etc. But that cannot be done with lanolin—i. e., adeps lanæ—the fat of wool. It is because of this fact that lanolin can never become rancid, a process which stands in intimate connection with saponification. When brought in contact with alkalies, lanoline forms a peculiar emulsion, which looks exactly like cow's milk, and for years it could be obtained only in that state. The real method of manufacture is kept a secret, but it is known that in the same way as by centrifugal force (called when applied to butter, churning,) milk is separated into a layer of cream on top and of skimmed milk underneath, and the former layer is changed to butter, the so-called wool-fat milk is exposed to a centrifugal force until finally it separates into a layer of the impure fatty acids in form of a soap at the bottom, and into an upper layer containing pure cholesterine fats—lanolin.

This lanolin obtained by centrifugal action appears in commerce under the name of raw lanolin. The latter has yet to undergo a very complicated process of repeated rendering and washing before it finally is sold as the chemically pure article, Lanolinum, of our pharmacopæas.

When pure it has an almost white color, and is very nearly free from odor. The most reliable test is the following, no reaction like it being met with in any other fat:

Of lanolin 0, 1 grammes are dissolved in ½ ccm. acetic acid anhydrid (anhydrous acetic acid or vinegar ice is a different substance). To this solution are slowly added, drop by drop, a few drops of conc. sulphuric acid, when a rosy tint develops, which soon changes to green or blue. No glycerin fat shows this reaction.

Lanolin, when not kept in a cool place and in a well-stoppered vessel, forms a varnish-like layer on top. This is not an evidence of any decomposition, but simply due to the evaporation of some of the water needed to change the oil to a fat of salve-like consistency.

Externally, it is used as a substratum for salves, because of its following peculiarities: It never becomes rancid. It can absorb enormous amounts of water; almost any substance in the materia medica can be incorporated in it, and because of its special affinity to keratin it is easier absorbed by the skin than any other fat, and any medicines mixed with it are absorbed likewise. Whenever, therefore, it is our object to oil the skin, as in eczema, psoriasis, pityriasis, prurigo, ichthyosis, etc., or where we wish to influence deeper layers, as in syphilis, lanolin, is indicated. Mercurial salve made with it is far more intense in its effect, while, however long a time it may be employed, if the lanolin is pure, it has no irritating effect on the skin. It not only does not contain any germs, but it has been used in bacteriology as a layer between several colonies of microbes to prevent them from passing to each other, the lanolin forming an impenetrable barrier.

Because of its power to absorb water, lanolin is a valuable adjunct in applications to the mucous membrane, and there is probably no remedy of equal value for chapped lips to lanolin.

Glycerin is often added to make it less sticky, but this must be pure, otherwise the mixture will act as an irritant, as ran-

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cid fatty acids are the quicker absorbed from their combination with lanolin.

Prescriptions:

℞. Lanolini..... ʒ j
Glycerine..... 3 ij
Olei rosæ, q. s.

M. ft. ungt. Sig.—Salve for chapped lips.

℞. Chrysarobini.....gr. x
Lanolini..... 3 vij
Glycerini..... 3 j

M. ft. ungt. Sig.—Apply to ringworm. Vide N. B.

N. B.—This is probably the most effective application to ringworm, but it stains the linen a deep yellow, and must not be applied in that strength (of chrysarobin) to extensive eruptions, as it is apt to produce fever and general malaise for several days, because of the rapid absorption of the drug incorporated into the lanolin.

Lanolin, as cosmetic, may be used either in the form of a salve or of lanolin milk:

℞. Lanolini..... 3 viss
Ol. cacao..... 3 iss
Ol. rosæ..... ♏ ij
Ol. bergamot..... ♏ iv

M. ft. ungt. Sig.—Cosmetic pomade.

℞. Lanolini..... 3 x
Boracis..... 3 j
Aquæ rosæ..... .....ad ʒ viij

M. Sig.—Lanolin milk (very constant).

—

AGUINE.—An American product of lanolin, distilled with super-heated steam; contains 33 per cent. of free fatty acids (!!), and we must caution, therefore, against its use, as it is bound to produce the most powerful irritation, because of the tendency of all free fatty acids to become rancid. There should be none in lanolin. While probably intending to produce a purer product they have really made it dangerous because of its impurity!

—

METHYLÆTHYLETHER.—Said to be as certain as chloroform, without any of its dangers. Anæsthetic.

Product of action of iodineæthyl on sodiumæthyl, with a very complicated formula. Colorless, of penetrating odor, M. is a fluid which ignites with extraordinary ease. Boils at +11 deg. C., and becomes gaseous at mean temperature. It would probably be used a great deal more were it not for this danger in handling it.

Must be kept and shipped in specially constructed vessels.

—

BROMÆTHYL.—Anæsthetic like chloroform.

Alcohol and pure sulphuric acid are mixed and bromide of potash added. C_2H_5Br.

If the preparation has a penetrating, disagreeable odor it is a virulent poison. It must have the same odor as chloroform.

Under inhalation anæsthesia develops quicker than from chloroform, viz., within from one-half to one minute, but passes off rapidly, and cannot be maintained longer than ten to fifteen minutes, being renewed every minute. The dose required to produce anæsthesia varies from one drachm to an ounce.

—

SULFONALUM.—Hypnotic.

Colorless prismatic crystals, the result of the oxidation of mercaptol with a solution of permanganate of potash under addition of acetic acid. Complicated formula. It must be without color, taste or odor, though some ascribe to it a slightly bitter taste.

Internally it is best administered in warm beef tea, from two to six hours before the expected sleep. Pure preparations have no by-effects whatever, and it is best recommended in cases of purely nervous asomnia, when it acts very promptly, and almost invariably produces a natural sleep. Patients do not seem to become habituated to its use.

Dose from 15 to 30 to 45 grains. As a rule it is best first to try a dose of from 15 to 20 grains.

Prescriptions:

℞. Sulfonal.....gr. xc

Divide in chart. No. vj. Sig.—One powder in warm beef tea after supper.

℞. Sulfonal.....gr. xc.

Divide in chart. et dentur ad capsul. amyl. No. vj. Sig.—One capsule at night.

———

We ask everyone who may receive a copy of this issue of the SUMMARY as a specimen to favor it with a close, careful perusal, and if you conclude that it merits your patronage we should be pleased to receive your subscription.

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Original Communications.

Brief and practical articles, *short* and *pithy* reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the SUMMARY must be contributed to it exclusively. The Editor is nbt responsible for the views of any contributors.

Write *only on one* side of the paper.

A REMARKABLE CASE.

I desire to give, for the benefit of your readers, a short history of what seemed to me to be a remarkable case. On April 6th, J. A. R., aged 35 years, coal miner by occupation, while engaged in digging an air-shaft was injured by the premature explosion of a blast. The tamping, consisting of clay, slate, broken stone, etc., entered his right lung near the centre of the upper lobe, carrying with it about two inches of the second rib, leaving one inch attached to the costal cartilage; also circular pieces of his coat, vest and shirt (heavy woollen material), nearly three inches in diameter. This debris was forced completely through the lung to the posterior wall of the chest, where it lodged. Profuse hemorrhage followed, and his fellow-workmen supposed he was bleeding to death.

I was sent for in great haste, but having more than two miles to go over bad roads, I was some time getting to him. On my arrival I found him sitting in a chair nearly pulseless, hemorrhage very free, lungs filled with blood, coughing and expectorating blood freely. Owing to the fact that some of the bronchial tubes were torn, every effort at coughing forced the blood out of the wound, which was at least three inches in diameter. The man was very nervous and excited, and inquired anxiously my opinion. I gave him an unfavorable prognosis, but at once went to work to see what could be done for him. I gave him morphia, ergotine and digitalis, hypodermically, with free potions of brandy. This I kept up at intervals of two hours for twelve hours, when the patient had so far recovered from the shock that he had good heart action and the hemorrhage was completely stopped. I then allowed him to rest six hours, most of which time he slept, sitting in a rocking-chair. With a long pair of forceps I then removed the debris, consisting of clay, stone, pieces of rib, clothing, blood, etc., among which were fourteen stones weighing from one-quarter dr. to one-half oz., one of them measuring one inch in length by three-quarters of an inch in diameter. After mopping out the wound, I packed it full of iodoform gauze, using iodoform powder freely; put a pad of carbolized oakum over the outside, and allowed him to be removed to his home — a distance of one mile — which he reached in safety. He seemed to rally nicely on the third day, and insisted that he would soon be well.

I kept him on stimulants, with digitalis and morphia, with free doses of quinine, for the next ten days—once a day removing

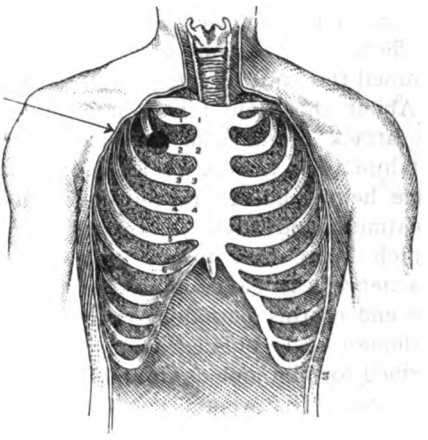

Fig. of Chest and Location of Wound.

the packing, washing out the wound with a bichloride solution, 1 to 3000, and then repacking again. At the end of the tenth day his temperature had not gone above 101 3-5, and his pulse 86. On the eleventh day his temperature reached 102 1-5, the highest at any time during his confinement to the house.

I continued the treatment heretofore outlined for four weeks, with variations to suit the arising conditions, during which time he safely ran the gauntlet of death from hemorrhage, pneumonia, and septic poisoning. Only once, on the eighteenth day, did he have any chills, and only once did his temperature rise above 102. During all this time I noticed he labored under great mental strain, and at every visit he importuned me for a positive answer in the affirmative as to his recovery. He progressed so favorably that at the end of

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the fourth week I yielded to his request, and gave him the opinion that I believed him to be out of danger, and that he would get well. He did not seem to enjoy the information as I had expected, but sat in silence. I left him, but was called back in less than two hours by a messenger who informed me that "Jim was much worse than they had ever seen him."

On my arrival I found him completely prostrated, nervous, excited, quick pulse, headache, and his mind somewhat disturbed. On receiving the information that he would recover he seemed to "let go and fall in a heap." I put him on suitable treatment for his condition, did all I could to assure him of his ultimate recovery, and although his wound progressed toward recovery, and he showed a satisfactory gain in flesh, etc., yet his nervous system remained the same in spite of all treatment.

About this time I was prostrated with an attack of malarial fever, and did not see him again for six weeks, during which time he visited several physicians, taking treatment and advice from all—much of which, I am sorry to say, only stirred up his nerves, instead of quieting them. At the end of this period he visited me, and, although still confined to my bed, I prescribed for him and again took charge of his case. His wound by this time had nearly healed up, but his nervous system was in a deplorable condition. I put him on strong nerve tonics, with better success than before. He gained rapidly in flesh, and had a good appetite, but complained of constant pains in his legs, arms and head, and constant dread and fear if left alone. He refused to sleep at home with his wife and children because there was no man in the house for company. I finally induced him to go to some light work, but he claimed he could not content himself at work, or, as he put it, "his mind seemed somewhere else while he was at work." His wound completely healed up, and he had comparatively good use of his lung, and I was in hopes he would finally make a good recovery; but on the night of November 22d I was called at midnight, "to go quickly to his house, as he had cut his throat." I went to his relief as quick as I could; found him wild and raving, a gash in his throat, close under his chin, nine inches long and so deep in front that the trachea and œsophagus were completely severed. I dressed the wound as best I could, stitching up the severed organs, and put dressing on, which he in his wild moments tore off, as he also did the stitches in the wound. We fed him by means of a stomach-pump, and although he seemed to assimilate his food, and his temperature and pulse kept nearly normal, he gradually sank from loss of blood and inability to clear out his lungs of mucus, till the eleventh day, when he died. During all this time his mind remained wild and imaginary, except at short intervals, when he seemed to have lucid moments.

After death I held a post-mortem, and on removing his right lung I found a remarkable state of affairs. The wound through the lung was healed around the opening made by the shot, leaving a circular hole nearly three inches in diameter entirely through the lung. On the inner side there protruded probably one-quarter of an inch into the cavity a small bronchial tube, open at distal end, and at every inspiration would puff out the skin covering the chest over the cavity. There was about one ounce of pus in the cavity, but I am of the opinion it escaped into the cavity from the lung in his effort to clear them out. There were small adhesions of lung to chest walls at lower lobe, *but nowhere else.* Two inches of the second rib was gone, but the fragmentary ends were in place and in normal condition.

His case all through seemed to me to be a remarkable one. He had wonderful will power, but still was unable to control his nerves, which led him to commit the rash act that terminated his life. I had talked very often with him, and he never once intimated suicidal intentions, else I should have had him placed in confinement. I have since learned that his family history is dotted here and there for several generations back with insanity and suicide, occasionally.

R. A WALKER, M. D.

West Monterey, Pa.

ERYSIPELAS.

In reading an article in a recent number of the SUMMARY, by Dr. Griffin, of Illawara, La., I find he is in quest of a remedy

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for "erysipelas of three-weeks-old babies." I fully agree with his treatment in general—i. e., muriated tincture of iron and quinine internally; also his external treatment I have found very good in numerous cases, but, as for that matter, I think it necessary to vary the external treatment. In traumatic erysipelas I frequently use a weak solution of sulphite of soda, externally, but often only apply oiled silk, which acts very soothingly.

In traumatic erysipelas, especially where there is a cut or bruise, I have a hot cranberry poultice applied until the skin becomes nearly a natural white. I use the muriated tincture of iron and quinine, internally, in all cases, and I have had the very best of success in most of them. And now for the treatment in infantile cases of erysipelas, of which I have had quite a number during the past ten years.

If the child is nursing I have the mother take a weak solution of the muriated tincture of iron and a moderate dose of quinine three or four times a day. I place the child on small doses of tinct. aconite and veratrum, and externally I use an ointment made from the evaporated juice of poke-berries (phytolacca decandra berries), mixed with lard or vaseline, and add a little fluid extract of hammelis to the ointment. With the above treatment I have brought nearly all of my little patients through. I would add that in cases where the babies are weaned, I put them on a weak solution of muriated tincture of iron and small doses of quinine.

I prepare the evaporated juice of the poke-berries myself, or have it done. Gather the berries in the fall, and press out the juice; then evaporate it over a slow fire until it is of the consistency of sorgum molasses; add about two ounces of alcohol to a pint of this syrup, and you have an excellent article which will keep for years. Besides being useful in these cases of infantile erysipelas, you will find it an excellent application in cases of diphtheria, where there is a gray exudation. Apply it with a small swab or brush, three times a day, and with proper supportive treatment you will find it a safe and certain remedy when used as indicated.

N. A. HERRING, M. D.

Bremen, Ind.

A CASE OF SENILE ATAXIA.

History: Date. Sept. 22, 1892; John A., aged 70, U. T., retired farmer. Family history, good; previous health good, until eighteen months ago, when his stomach began to be troublesome; bloating, eructation of gases, pain after eating; complains of giddiness and swimming of the head, especially noticeable upon getting up from a sitting or recumbent position feels better when recumbent; has some pains in the knees; sleeps well and is a good eater; constipated.

Upon physical examination nothing very positive is found at this time. Heart and lungs normal; pulse, 80 per minute; temperature normal; conjunctiva very anæmic; lips deep blue, face pale, hands and feet cold. Upon standing with the feet approximated and the eyes closed a slight swaying is noticeable; still it is not pronounced, and he is able to overcome it. The pupils seem fixed, or only slightly movable. Patella reflexes good. The diagnosis was not made at this time. Patient's diet and exercise were regulated, and the following prescription given:

℞. Strychniæ.....gr. ss
Quinæ sulphatis.....gr. xij
Tinct. ferri chlor.....℥ j
Aquæ, q. s.....ad. ℥ iij

M. Sig.—One teaspoonful to be taken right after each meal in two tablespoonsful of water. Shake well before taking.

In addition he was given:

℞. Sulphuris sub.....gr. iij
Potassii bitartras.....gr. v

M. Sig.—The whole to be taken in one-half glass of cold water a half hour before the morning meal.

This was given to help overcome the constipation. Ten days later, general condition better; says he feels 100 per cent. better. The same treatment continued the powders to be stopped if the bowels move every forty-eight hours without taking them.

Another period of about fifteen days. Still improving, excepting the sensation of numbness and formication in feet and hands, which he mentioned at the first visit, but which I failed to record. Also mentions at this time that the feeling of

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numbness, beginning in the feet, has extended, and now corresponds to the attachment of the diaphragm. From this on he was seen at intervals of about ten days, and developed many of the characteristic symptoms of tabes.

Upon the last examination the left patella reflex was absent, the right only apparent. He reels markedly upon standing with the feet approximated and the eyes closed, and is unable to walk without the assistance of a cane. The pupils show the Argyll-Robertson symptom. Although getting worse fast, his general condition is pretty good. He eats well and sleeps soundly. Up to the present time no bladder or rectal symptoms have appeared. He is obliged to void urine about once every night, but has been doing this for years past. The upper extremities are now becoming ataxic in their motion, he experiencing some difficulty in buttoning his clothes. At one time during the course of the disease slight traces of albumen were found in the urine; at present the urine is normal. Since the diagnosis of tabes has been confirmed, the reflexes have varied at different examinations, being better or worse, but never what one would consider of normal intensity.

As the head-line implies, this disease is due to senile changes, probably made worse in this special case by the anæmia, which is still quite marked. He will be kept upon ferrugenous tonic, beef, eggs, and milk, as this certainly is the prime indication. As regards the much lauded specifics for this disease, where the cause is other than syphilis, and especially as regards the senile variety, it must be said that in the majority of cases nothing can be done farther than an attempt at arresting the progress of the disease, and saving the cord from further destruction, which seems to be possible in quite a number of instances. Still we should never boast of having arrested the disease, remembering its well-known tendency of temporary (apparent) improvement.

A report from the case, made yesterday, says that he is steadily getting worse, and is less and less able to control the movements of his feet. As to the probable duration of this special case, one can say nothing positive, still it is fair to assume, all things considered, that it will be one of the shorter cases

BISMARK LIESMAN, M. D.

Kellogg, Iowa,

WHAT A GENERAL PRACTITIONER "CANNOT" DO WITH ELECTRICITY.

[Continued.]

Having criticised some things which a general practitioner *cannot do* with electricity under certain circumstances, and with uncertain tools, I now propose to say something as to what he *can do* without danger to his patient with good mechanism.

To start with, he can manage any disease curable by electricity, (and these instances are very numerous, indeed,) *including electrolysis of fibroids*, with the Chloride of Silver Dry Cell Batteries, if he does not care for the expense of renewal of cells in the case of tumors, and for this reason: In those applications where the poles of the current are very close together there is, of course, little resistance, and consequently the cells wear out (in proportion to the shortness of the circuit) very rapidly. This is true of all kinds of cells. I have used the Leclanche in such work, because the cell itself is quite cheap, and it recovers from polarization quickly. Whilst this is true, there is another view to be taken, which is, that in most tumors the resistance is considerably higher than in the other tissues traversed in general electrization; therefore the wear is not actually so great as might be supposed.

Personally I have always advocated the highest possible current compatible with safety in electrolysis, but others use those of half the energy I employ, and with good results in their opinion. Besides this, it is easy to insert any desired amount of resistance in the circuit by rheostats, and thus the wear is brought down to a commercially satisfactory point. Under such methods the seance is somewhat more prolonged, but the result to the patient is the same as with very high power and a short sitting. Hence, as such cases pay good fees, it is quite possible for the practitioner to manage the ordinary run of tumors with the chloride of silver apparatus; for, although the cost of renewal is a little more than that of the Leclanche, the advantages

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in the way of portability, cleanliness, and other points involved are so manifest as to make the renewal cost a small factor in the long run. As a matter of fact, I have employed the chloride of silver batteries in electrolysis very often, and for a man who does general work, and but little in the way of tumors, he would not be justified in keeping up two sets of cells; it would pay him to rely simply on the one. The specialist, however, may have both the chloride of silver and the Leclanche.

Every form of neuralgia is amenable to electric treatment; every form of myalgia is also curable by electricity; few cases of the distressing "growing pains" of childhood will resist galvanism; the common and miserable megrim dependent on stomach derangement gives way almost invariably to central galvanization, (the method of that good therapeutist, Beard,) and those who have tried it will call for it again loudly in preference to the usual calomel and subsequent laxatives, because it is at once prompt and agreeable. The "stitch" of pleurisy will vanish with a current of five or ten cells; obstinate hiccough seldom persists after a few minutes' use of either faradism or the constant current; for those who don't use the "weed" after a too hearty dinner, a dose of electricity will cause that fullness to skip; for that "tired feeling," which the quacks in the sarsaparilla line have worked so energetically of late, a short seance of galvanism on rising from bed will be found specific.

In many dyspeptics, particularly where eructation is prominent, galvanism is indicated, and in the atonic form, where secretion is deficient, the same current is happy in its effects. In constipation no other remedy will act so well or more rapidly as a curative than faradism; and, curiously, nothing relieves the tormina and tenesmus of dysentery more efficiently than the constant current, mild power being sufficient. Coming down farther (anatomically speaking), in strangulated hernia I have succeeded in getting the bowel back to its proper location with faradism when taxis and anæsthetics, with gymnastics, in the way of posturing, had failed. Before leaving this neighborhood, let me say that in the delayed pains of labor nothing is more certain to bring them on than faradism, and they can be controlled as to frequency and strength by this form of current; besides this, the method is safe and pleasant. Ergot has fortunately gone to the rear in such cases in the hands of competent men. The contraction of the uterus under secale is continuous, but caused by electricity it is rythmical and resting, as the physician desires. Should postpartum hemorrhage set in, we have a sure relief in electricity; after the placenta and all clots are extracted, a strong dose of electricity will bring the womb down to its smallest size, and it will stay there. For other phases of disease in which electricity is of use to us in abdominal disorders, the reader is referred to a series of articles which appeared in the *Medical Bulletin* some ten years ago, and to others in the *Philadelphia Medical Times*, the *Times and Register*, the *Medical and Surgical Reporter*, and other journals at later dates.

Electricity is pre-eminently indicated in many nervous diseases, such as chorea, hyperesthesia and anesthesia, all forms of paralysis, (care being taken, of course, when the difficulty is subsequent to intercranial hemorrhage not to be too hasty in using the current about the brain,) both centric and excentric. Sufficient attention has not been paid to the use of the constant current in mental disorders, particularly in cases of melancholia, and the milder delusional types. I have had for many years intended to write something concerning my results in this direction, but other affairs have pushed my notes aside, and what little I have come across in the medical papers has not gone far into the subject. I hope to take the matter up shortly.

This rather hastily written paper must do till it can be more fully taken up in the next number, when I expect to add a few points of interest to the general practitioner. Meantime I want it to be clearly understood that I refer in all I discuss to the undeniable advantages of the chloride of silver apparatus over any form of zinc-carbon cells, with a destructive electrolyte.

W. R. D. BLACKWOOD, M. D.
Philadelphia, Pa.

[To be Continued.]

Every reader should have a SUMMARY binder, the price of which is but 35 cents.

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REMINISENCES OF FIFTY YEARS IN THE PRACTICE OF MEDICINE.

BY ABRAM LIVEZEY, A. M., M. D., YARDLEY, PA.

(*No. 3.—Period 1845–1850.*)

To conclude my remarks on fever, I wish to say as years passed I sometimes gave a small dose or two of calomel in the beginning, and also some quinine in the early morning hours when there was a marked remission. The next year—and off and on during the past forty-five years—I saw, and have seen, much bilious remittent fever in the fall of the year, which I cured then, and cure now, generally in from three to five days, while in the same community other patients have lain from three to five weeks. This prompt treatment I learned from Prof. T. D. Mitchell, M. D., who held the Chair of Practice in McClintock's College, and which is given in his admirable, practical work, "Therapeutics." This treatment consists in merely giving an emeto-cathartic of calomel and ipecac, each five grains, if the tongue is very foul, great headache, oppression at the præcordium, etc., every half hour, hour or two hours; or simply ipecac, or ipecac and lobelia, with infusion of boneset whenever practicable—which soon made short work of the fever — assisted sometimes with small doses of aconite or ipecac, and a dose of castor oil, if needed, to bring about a full remission; then the next morning mix ten grains of quinine with five grains of ginger or capsicum, divide into four powders and give one every half hour. This breaks up the attack — about completes the job, and with a little toning up the patient is well. This treatment is successful every time if resorted to early, *before any organic lesions are set up.*

And yet I got but little credit in those early days (and of course but very little pay for such a short sickness), while other doctors impressed it upon their patients and the community that my cases were mere bilious attacks, etc. A fever case in those days was considered worth twenty-five to thirty dollars to the doctor, while to me they averaged about $2.50 !—the fee being from fifty to seventy-five cents per visit. But enough of this, I must hasten

g.

In July, 1849, I well remember the outbreak of cholera in the Bucks county almshouse, introduced, it was supposed, by a tramp or straggler from Philadelphia. In two weeks seventy-six were laid away in trenches. I spent one day there with Drs. O. P. James and W. Matthews to study the disease and observe the effects of the treatment. Several who were apparently well and on foot at sunrise were dead before sunset. Opium (soft), in boluses of three to five grains, was the remedy relied on after experimenting for a few days with other drugs. If the patient retained it, he soon pulled through; if his stomach rejected it, he died in from six to twelve hours. Vomiting was very profuse, and spewed forth as if coming from a force-pump. The diarrhea was also equally profuse. The suffering from cramp, etc., was not great. It seemed that in most cases the shock of the attack was overpowering and benumbing.

The next year we had considerable cholera along the Delaware river, more particularly at Point Pleasant, which carried off the intemperate and hard whiskey drinkers. These, fortunately for my reputation, fell into other hands, while I had a number of cases of the better class, all of whom recovered (under simple treatment that seemed to be indicated) save one middle-aged woman, in whose case the nurse made the fatal mistake of misunderstanding my directions. I ordered opium pills to be given as long as pain, cramp and diarrhea continued; but she kept on giving them after the patient was entirely relieved and was comfortable. The result, of course, was that she passed into that sleep which knows no waking.

About this time I learned two good lessons — one through an oversight of one of my neighboring physicians—namely: In a case of repeated convulsions in a child he forgot to examine its teeth or gums, and look for a protruding tooth. An old doctor was called in consultation, who, after learning the history of the case, parted the child's lips, and taking a lancet from his vest-pocket, cut a very much congested. swollen gum down to an advancing tooth, and, turning to the young doctor, said, "There, doctor, you will have no more trouble with your little patient."

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The young man lost the patronage of that family subsequently. The other was a case in my practice — a child three or four years old, perhaps, with an obstinate watery diarrhea. Without noticing any indication for treatment from appearance of the tongue, I continued vainly to give astringent preparations, with and without opiates, to arrest the discharges. The above old doctor was called in consultation, and after retiring to a private room he said, "Doctor, don't you observe the dirty, lifeless or expressionless tongue; well, you can never check the diarrhea till you unlock the secretions—till you restore secretory action. This can be effected probably in this case simply by giving grain doses of hydrarg. cum creta every three or four hours." It was accordingly given, and in a day or two the tongue was clearing, the discharges less frequent, thickening and of a better color—in fact, the child was convalescent. I have never, to this day, forgotten to "unlock" and "restore" the secretions in all cases. It was a very brief, but the best lecture I ever heard on the "Practice of Medicine." The good old doctor (Hendrie) has long since gone before.

An incident occurred about this time which is worth recording, to show the influence of mind over matter—how curative results may flow from strong mental impressions or emotions. There was a sick or bed-ridden patient, living in the "Red House," opposite the 'Eddy," of whom I had heard and had her history, and had been warned that I would be sent for in due course of time, as I had made quite a record for success, etc. She had had several physicians in the last few years, and none had done her any good. I conceived the notion that there was really nothing the matter with her, and was prepared to act upon that presumption. At length the messenger came—"one-eyed Seth"—and I told him to return to the patient and tell her she couldn't make a d——d fool of me as she had of others before me. In a few days I heard the result of my prescription. To her inquiry as to when the doctor was coming, Seth told her what I had said. She immediately raised up in bed and demanded, "Did he say that?" When assured of the fact, she told him to get out and she got up and dressed herself, vowing vengeance against me when she met me, etc. I never saw her, and so escaped the scalding water, broomstick, etc., which had been threatened.

SEVERAL CASES, WITH COMMENTS.

All men of experience and progressive ideas have met, in their career, many incidents that are worth recording. The lawyer, the minister, the college professor, the traveller, the mechanic, and many others, have recollections—some pleasant and some painful—and so have doctors. The eyes and ears of common-sense intelligence always appreciate such treats, and store them up for comfort and future use; while to the fool all transactions save his own seem foolish, and foolish be.

The reminisences of Dr. Abram Livezey, and of many others in the MEDICAL SUMMARY, show intelligence, skill, thought, earnestness, and a desire to further advance medical science, relieve suffering and prolong life.

Dr. J. F. Griffin's case of saving an arm from being unnecessarily amputated is worth a thousand times more to the patient, and is a much greater credit to Dr. Griffin, than it would have been to the other doctors had they removed the arm and sent their patient to eternity. His argument and the results following his reasoning must have been equally valuable and impressive to the M. Ds. who had intended to remove the innocent sore member.

First case. A farmer had an injury to his foot. The foot and leg got very sore and swollen up to the hip, and erysipelas set in. The attending physician advised amputation. A consultation was desired by the family, and three other physicians were called. After a careful examination we retired for consultation. I being the oldest practitioner was asked to give my opinion. I said, "If we cut this man's leg off he will surely die." The attending physician replied, "But if we do not amputate, and he dies?" I said, "Then we will let him die, and feel satisfied that we were not the cause of his death." The other doctors coincided, and we agreed on a plan of treatment. The man re-

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covered, and afterwards thanked me for saving his leg.

Why did I oppose amputation? Because the arterial and deeper venous circulation of the leg was still going on; the deeper soft tissue was not destroyed. There was simply a hypernutrition of the limb, and to restore the equilibrium of the circulation and assist the absorbents was all that was necessary. Had the bone been diseased, and the muscles, tendons and ligaments contracted without hope of restoration, or the circulation arrested that gangrene or mortification would have followed, then amputation would have been proper if it could have been performed through healthy tissue, or any time after a line of demarkation had been formed.

Were I to ask Dr. Griffin why he refused to amputate his patient's arm, he would give you the same answer as above. How important that the medical practitioner does not only see and hear, but that he always tries to think intelligently, for the fact is, he is considered to be an intelligent man.

Second case. Several months ago I was called to attend Mrs. S., in her first confinement. Arrived at 2 a. m. Pain considerable, os dilated about the size of a penny. Gave several half-grain morphia pills, to be taken at intervals of pain. Was called again the following morning at 3 a. m. Pain still severe; had taken two pills. Os showed progress in labor; diagnosis—vertex presentation. Left, and again returned at 10 a. m. Os dilated, presenting part indicated—to my mind, congenital hydrocephalus. For the fact that she was a primapara I did not wish to introduce my hand into the vagina or womb to ascertain the exact condition. Labor progressed very slowly. At 3 p. m. her mother desired that I should deliver with the forceps, saying that I always relieved her with instruments. I applied them, and while making traction during a pain I felt them slip over the ears. At 3.30 p. m. the child was born and living. I at once saw the difficulty. The fontanel in the sagittal suture presented, the occipito-frontal diameter of the child's head corresponding with the pubic-sacro diameter of the mother. The shape of the child's head, after birth, was the most peculiar I ever saw, and the presentation the first of the kind I had ever met. Both ears of the child were blue and the cuticle rubbed off. The top of the head above the ears seemed unharmed. The next day I noticed a slight swelling on one side of the child's head. I had seen such swellings on previous occasions, with and without the use of the forceps. The swelling enlarged, and on the third day it was quite extensive. I had never before interfered with such fluctuating tumors on the recently-born child's head, knowing that the contents was blood and would be removed by absorption. The tumor in this case would, however, not grow less. At the end of the tenth day I punctured it with a bistury, and dark blood containing pus-cells escaped. Applied a poultice, and two days later I made a free incision. A large quantity of fetid pus and blood escaped, and the child made a speedy recovery.

Remarks: I did not know the exact position of the child's head. Had I introduced my hand into the vagina, and even into the womb, I might have learned the nature of the case and the difficulty. As for changing and getting the head into a proper vertex presentation, it would have been useless to try—at least I have never been successful in such attempts. I remember three different occasions where I could not get the head to take a proper or favorable position, and the only resort I had left was to turn and deliver by the feet.

The lawyer has always time to prepare his case for court; the minister has time to prepare his sermon; the lecturer has time to prepare his lecture, and commit it before delivering it; the architect has time to form plans for the proper construction of his building; but the physician should always be ready to act on the spur of the moment.

FRANK R. BRUNNER, M. D.
Eshbach, Pa.

We want short, practical communications on everyday subjects for publication in the SUMMARY. Remember, short sketches of cases will take very little of your time, and that the few minutes devoted to transcribing a few notes from your case-book—if you have no case-book, then a few sketches from memory—may be of incalculable aid to some brother practitioner.

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KEROSENE OIL STOVES.

JACKSONVILLE, FLA., Dec. 26, 1892.

Dear Dr. Swayze:

I have read your article on "Arresting Consumption," and fuel-gas as a cause of the disease. Now I wish to ask your opinion about the kerosene oil stove, that is in use in so many sleeping rooms, which require only a moderate degree of heat.

Please answer and oblige,

Yours very truly,

E. T. SABAL, M. D.

The kerosene oil stove, like the gas and gasoline stoves, is one of the hostile inventions for use in families which are causing increase of anæmia, neuralgia, nervous troubles, throat and tracheal and lung affections. The allurement of the oil stove is simply its portability and convenience. Of course I refer to such only as I have seen in use about this city. They are burned in the open air of the room or kitchen, according to the purpose; have no connection with pipe or flue arranged for smoke-draft, but like the common kerosene lamp, throw the toxic carbonic oxide of combustion directly broadcast into the breathing air of the apartment, and render said breathing air unfit for respiration.

While an oil lamp is very injurious in a sleeping-room, especially if burned all night, an oil stove is proportionally worse, because stoves generally feed more flame, consume more of the room's oxygen, and relatively cast out more poisonous gas to be inhaled by the sitter or sleeper, whether invalid or not. I can think of nothing more stupid or prejudicial than the use of any of these modern Handy-Andy contrivances in the room of a person breaking down with lung disease, neurasthenia, asthma, weak or embarassed heart. And who could think of confining a child with croup, catarrhal congestion of trachea or bronchi, pneumonia or spasms in a room with a coal oil stove for heat, unless the window be freely opened at the same time for vitalizing oxygen! Better far have such cases where there is no fire; for with soft blankets snugly wrapped to keep the entire surface warm, and hot-water bag or bottle near the feet, the inhaled oxygen of pure air will not only keep up the natural heat-making process by oxygenation, but vitalize the nervous energies and help dispel the disease.

It is no doubt possible to invent an oil stove on a sanitary plan, by which a gas-tight drum might radiate heat, but be connected with a flue by a pipe to carry away the draft of combustion-gases and smoke into the outer air; but I have not seen such oil stoves, if there be any. From considerable observation I have formed the opinion that coal oil lamps and stoves are instrumental in increasing and aggravating consumption and cancer, through the morbid physical status which results from deficient aeration and elimination of disintegrated material. But space here does not permit me to pursue the abnormal elaboration involved, though I hope to get my thought demonstrated shortly in the form of a monograph.

I believe also that the use of coal oil lamps and oil stoves, burning in bedrooms, tend greatly to cause the poisoned state of the system known as cerebro-spinal meningitis, or "spotted fever," as the disease has been misnamed in some sections. In the 'sixties there was an epidemic of this fearful disease in the mining region of Pennsylvania in which I was in practice. The use of coal oil lamps had been then recently introduced, everybody took to the convenience, lamps were multiplied, oil burned very freely at night when houses were shut, and freely in sleeping rooms without necessary ventilation. Both the ignorant class and the intelligent were oblivious to the toxic mischiefs engendered by breathing air perjured by smoky coal oil lamps. It was before the days of doubly refined oils—which have moderated but not exempted the toxicity from combustion. So terrible and speedy was the fatality of the epidemic, so useless were medicines, that certain physicians were moved to special study of the situation, resulting in the consensus of opinion that most cases, and the worst cases, occurred in families who habitually burned coal oil all night in their bedrooms, while those who did not, generally escaped.

At once I began to have the coal oil lamps excluded from sleeping rooms, and rigidly so from sick-rooms at night. When light must be at hand, it was kept out in a hallway, or in an adjoining room, except

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when absolutely required nearer the patient for temporary purpose; and I soon found that my sick escaped many a dreaded "night sinking spell," and recovered more successfully than did the patients of neighbor physicians, who were too busy to reason by analogy from a practical point outside the stereotyped pages of Wood or Flint. And reasoning yet both by analogy and later observation, I am satisfied that the immediate and ultimate trend of oil stoves for warming rooms is more harmful than sanitary.

The only fatal case of our severe northern la grippe I ever attended was that of a leisurely gentleman, to whom I was called in the absence of his usual physician, who left the case for my care after the second day of the attack. This man had been in the habit of sitting by a coal oil stove in his small sitting room. He had for several years been troubled with asthma in the winter season—and no wonder! He was subject to gout; how could it be otherwise with his sedentary indoor life, close, poisoned air, and overburdened debris in his system? When called to his case, in the night, his small coal oil stove was burning in his little bedroom, with windows shut, lest he "take cold," and he gasping for breath in excruciating pains! Nothing could save him short of a miracle. His stifling stove was removed, fresh air was moderately admitted, soothing expectorants loosened somewhat his tearing cough; the tough plegm was stained with blood; tonics and nourishment were of no value; he was helpless with prostration; pain in the head terrific. In a few days he passed from delirium to death.

Early last spring I was called to a young man. Found him emaciated, weak, persistent cough, heavy night-sweats, little appetite, sore chest, diseased lung, prospect of hasty consumption. I picked this history. Had been healthy; married a healthy young woman; pregnancy and child born; then began burning coal oil lamp in small, shut-up bedroom all night, on account of caring for babe. In a few months the wife was coughing and weakening; case ran into consumption; in a year and a half she died; coal oil lamp had burned all night every night in her room. Husband continued the care of the child at night, hence continued the night-lamp and close room; soon had a cough; worked the ensuing winter where he got wet feet, and "took cold," as supposed, and by April went down to a condition of complete disability, as I found him — but throughout had the child sleep in his bed at night and coal oil lamp burning. I believe the poisoned air of that bedroom wrecked both the wife and husband.

Another case. Young lady, who before marriage "had not known what a sick day was," with her husband took a three-room floor, and began housekeeping with a coal oil stove, because it was "so handy;" could move it from cooking and eating room to sitting or to sleeping room at pleasure. Presently she developed a cough, which never was cured. In a year a babe was born. In six months more she died of phthisis, completely emaciated. About ten days before the end I was called because of the temporary absence of her doctor. I found the coal oil stove burning, and was astounded by the history and havoc of that stove in eighteen months. Both the dying wife and husband declared she had splendid health to the time of going to room-keeping. When I explained the pernicious effects of her oil stove in the breathing air day and night, she said the whole mystery of her short breath and weak spells was then clear to her mind, and deplored that in her thoughtless ignorance no one, not even her doctor, had ever before put her on her guard. As I could do the case no good, I declined to attend, as I could not stand the appealing gaze of the sinking young wife and mother, who naturally would look to me for rescue.

Another coal oil stove case, reported in the January SUMMARY, is in point.

GEO. B. H. SWAYZE, M. D.
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MESOPOTAMIA ITEMS.

I have been waiting for something wonderful to turn up, so that I might send you an interesting piece of news, but things move on day by day, and month by month, about as they always do. I have nothing startling to report, but have concluded to wait no longer, and will put a few things together, and ask a few questions, and in

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that way make up an article for your journal—not that I suppose you are at all in need of it, only that I may in this way show my good intentions and my good feelings for the SUMMARY, whose visits I have enjoyed so much, and from whose pages I glean much help and information. May it enter the new year with brighter prospects than any that has preceeded it. It is *multum in parvo*, and I should dislike to be without it.

During the present year I have operated on ten cases of calculi—the youngest three years of age, the oldest fifty. The stones ranged from the size of a filbert to that of a very large hen's egg. One that was crushed in the extraction weighed, what was saved of it, 112 grammes. This was taken from an old man.

I will copy from my journal a few lines regarding one of the cases: "A Moslem boy, aged fifteen, poor as poverty; brought by someone and left at the hospital gate. Had symptoms of stone, but he was so dirty, nasty, filthy, and unapproachable that it was enough to turn one's stomach to touch him. He was at last on the table, sounded, and a stone found. Ordered him removed, scrubbed and brought back. In half an hour he was again on the table, the stone out, and he between white sheets. What a contrast! The stone was about the size of a small hen's egg."

Out of the ten cases one died—one I was operating on with the Lithotrite—the only one I have lost through that operation out of eleven. He was not a fit case for any kind of an operation. The super-pubic might have been more favorable, but he certainly could not have stood the lateral. On looking back in my case-book I find I had a run of thirty-five cases of lithotomy without a death; but out of the one hundred and thirty-six cases operated on, the average has not exceeded ten or twelve without a death — having to accept all kinds of cases, some almost at death's door before they are brought, and are beyond help, but come as a dire resort when they have become tired of themselves; and thus the beautiful record is broken.

I would here like to ask a question, and I hope someone will be kind enough to give some light on the subject—viz.: I find where large stones are removed, or a protracted operation has taken place, that the ability to retain the urine has been greatly impaired, and that a number of my patients—even after five or six years, or more—are still afflicted with this, the worst of all troubles, a dripping of the urine while in the upright position, but when reclining they can sleep all night without a drop passing from them. Because of this I have threatened at times to give up the lateral operation altogether, and confine myself to the super-pubic, and yet this is not the operation for all cases.

During the year I have had four leg amputations, all below the knee, something wonderful for this country where death is considered preferable to the loss of a leg—one from cancer of the foot, two from fractures, (one a year's standing, the other three weeks,) and one because of scrofulatic sores. Two of the patients were Arabs from the plains, one a woman about twenty years of age. Eight days after the operation she left the hospital, with the stump healed. The other Arab, a man of over sixty, sustained a fracture of both bones of the leg over a year before, and was in a most unhealthy and filthy state. Fifteen days after the operation he left, with the stump healed. The other two cases did not heal so kindly.

There have been in the hospital during the year thirty-eight surgical cases, all of them more or less severe. All were treated, the most of them cured, and the rest greatly improved. The hospital has been open only twenty months, and six out of the twenty I have been absent from the place, necessitating the close of it. It is a new thing for these people to go and be shut up in a hospital. Nothing but the last extremity will compel them to submit, and although the hospital has but ten beds, they have never all been occupied at once, eight being the largest number at one time. One Arab was in for five or six weeks last summer; his bed was clean and comfortable in every respect, yet he must leave his bed, and go and lie on the bare ground for an hour or two every day to rest! These people have all their lives been used to Mother Earth as their mattress, a stone for a pillow, and their coverlet the heavens. What are such fine things to them?

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The other day a child was brought to me by a person who thought it had taken cold. Three days before, it was ushered into this cold world, and those present, thinking it was dead, left it in a large copper dish (over which the women in this country are delivered) for an hour and a half, until a little wail from the dish attracted their attention, when the neglected creature was rescued and clothed. So it was not very strange she should think it had taken cold; most any of us would have come to the same conclusion. The point to this is, do not be too soon discouraged in trying to bring the breath into a seemingly still-born child.

The cholera has passed around us this year, taking a nibbling hold of the northern portion of the empire, but doing nothing compared to its ravages in Europe.

We are having considerable of what might be called "compound la grippe," for it is neither one thing nor the other, pure and simple; accompanied by very high fever, tremendous headache lasting for several days, with great stomach disturbances and constipation, no appetite, scanty urine, etc. After five or eight days the case yields, assuming, if not treated, intermittent fever.

D. M. B. THOM, M. D.

Mardin, Turkey in Asia.

REPLY TO MR. SAMPLE'S "REPLY."

In order to assuage the forebodings of my critic, and to show him that I am not doing either the medical profession or the instrument makers the terrible injury which he fears, and to relieve his mind as to my profiting financially by my advocacy of the make of batteries referred to in my article on "What a General Practitioner Cannot do with Electricity," I begin by saying that he is making a false statement when he insinuates that I am a stockholder in any company producing medical apparatus of any kind, electrical or otherwise. I do not know one of the company making the Chloride of Silver Dry Cell Batteries by sight, nor have I ever met one of them; but I do know that all I have said about their product is true, and so do thousands of others capable of judging as to the facts involved.

If Mr. Sample is honest in his belief and statement that ten volts' pressure is too much at times, and that a hundred is "destroying good, healthy tissue," then he must stop sending out his faradic coils at once, for they develop more than ten volts, and more than a hundred also—they drive the very infinitesimal ampere power they possess under a pressure of thousands of volts, as do all faradic coils. I have never measured the pressure of the current given by my static machine, but I know that it, being a good one, sends the minute ampere current along at a pressure of not alone thousands of volts, but probably with a million or more.

Again, he is fearful of destroying the "very fine netting" composing the human anatomy, whatever that may be, by the awful currents of ten volts, yet in the succeeding sentence he demolishes the chloride cells by stating that they cannot under the most favorable circumstances produce more than the sixtieth of an ampere. If the gentleman will call at my office any afternoon when in town, or delegate a representative to do so, I will agree to disabuse his mind in one minute of this fallacy in belief by the use of any one of several chloride batteries, and, without doing any serious injury to the subject of experiment, I will forfeit any amount he chooses to name in the shape of a wager—he putting up one-half only of the sum designated—provided he allows me to administer a second dose, either then or at any future time.

When Mr. Sample says that "all the instrument makers would manufacture it" if it was a good form of battery he is away off; the apparatus is protected by twenty-five patents that I know of in a list now a year or so old, and doubtless others have been taken since then, for improvement is the order of the day with the firm. Neither he, nor anyone else in the electrical business can make the cell, under discussion, and the failure of Mr. Sample to get one of the chloride cells of his "own make" to work for more than forty-two hours shows simply that his are worthless; whilst the next assertion that the cells of the Balti-

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more firm will not functionate beyond "thirty-nine hours" is baseless under the proof which I have shown to practical electrical engineers in my office of keeping a magnificent coil in steady operation for two hundred consecutive hours without the cell wearing out. The cell-block was an ordinary one from the latest faradic machine of this company's make—a small one at that. No electropoion fluid cell ever made will do one-quarter of this time work with one charge.

My critic's dissertation is so mixed in its English, grammar, and metaphors as to render it difficult to understand, but I agree with him when he says that the Leclanche is a good cell—(his list comprises only modified, or, rather, pirated Leclanches,); it does not, however, use "electropoion" fluid, and this is the reason why so many physicians have thrown away their dirty, unreliable and costly electropoion apparatus. The Leclanche will do very well in work lasting less than half an hour or so, but its rapid polarization compels one to permit its recuperation frequently; hence, as it takes much longer to recover from decided polarization than the stronger batteries, I prefer, as do all who need the services of a battery for many consecutive hours without ceasing, to employ another kind. The only one which does not polarize *at all* is "the Dry Cell Chloride of Silver Battery." It keeps up its ampere and volt power at full head till it is absolutely worn out, and then all that one needs to do is to insert a new block of cells, and it is just the same as a new apparatus.

Befogging this discussion with illogical references to storage batteries, steam-guages, etc., is unnecessary. In using electricity we so couple up cells as to obtain the number of milliamperes desired through the exterior circuit with a meter intercalated to prove our current, (the patient, in medical applications, forming mainly the resistance,) and that battery which will best serve our purpose, taking into account its prime cost, and cost of renewal, its cleanliness, its efficiency, and its durability, is the one to have.

The reference made by me to friends who had expended more than the original cost for repairs in less than a year is simply true. I cannot, without the consent of the gentlemen alluded to, give their names; but they are well-known practitioners in this city, and all of them have thrown away the electropoion arrangement and taken up better methods.

The real cause of irritability with my critic is not that he is so much exercised about the possible injury to doctors as he would lead us to suppose. He is himself an electrical instrument maker, but he does not, and can not, make the silver chloride apparatus, although he owns to having used it right along for fifteen years in his business.

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CORNS AND BUNIONS.

There are few minor troubles which cause people more annoyance than corns and warts, and a good remedy for their removal is not generally known to the profession. In 1878, there came to Evansville, Ind., a very successful street corn-doctor who, when off duty one night, went to a beer saloon, got "full," and, in a friendly tussle, broke his leg. When well, with the usual impecuniosity of such chaps, he had only his corn receipt to give me:

℞. Alcohol..... 3 iv
Ol. rosemary..... 3 j
Solve et adde:
Acid nitric,
Acid muriatic.....aa..... 3 j
Chloroform..... 3 ij
M. Sig.—Apply to the corn for five or ten minutes; press the sides of the corn, and then take the point of a knife and raise it up.

In all prescriptions made by these ignorami there are superfluous ingredients. In this the acids are the active agents, hence can be used alone—in fact I always do. To quickly use this remedy, rub the skin around the corn or wart with some protective-like tallow, then pare off the top before applying the remedy. Be careful not to cut so low as to cause bleeding. To stop the action of the acids after removal apply a solution of soda, or other alkali.

GEO. F. CENTER, M. D.
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Medical Progress.

The Mydriatics in Ophthalmology.

The following practical points in relation to the use of mydriatics we have taken from a clinical lecture, published in the *University Medical Magazine*, recently delivered at the Philadelphia Polyclinic, by S. D. Risley, M. D., Professor of Ophthalmology, in which he says:

Before entering upon the use of mydriatics for the purpose of paralyzing the accommodation, in the correction of errors of refraction, I call your attention to their employment during and after middle life. There is a wide-spread opposition to their employment after the age of forty, since it is during the middle period of life that glaucoma usually occurs. I am sure that the fears upon which the opposition is based are not well founded if due caution is exercised on the lines I have already pointed out. It is quite as important between forty and fifty years of age to use these drugs for the satisfactory correction of many eyes as before this period of life. The cases of retino-choroidal irritation, and accommodation cramp with tonic contraction of the iris and ciliary muscle, are quite as frequent as before the age of forty, and the therapeutic value of the mydriatics is just as marked. A wide experience fully justifies this statement. I have used these drugs with impunity, both in private and public practice in many thousands of eyes after the time of life specified. If harm comes from them it is because a sufficiently careful study of the case has not preceded their use. I have yet to meet the first instance of an acute glaucoma precipitated by the employment of a mydriatic, but I have always exercised the caution which I have pointed out, and again emphasize as the duty of every person essaying their use

There is a wide-spread notion among the laity that the avoidance of reading glasses as long as possible is to save their eyes; that the necessity for a glass to read or work with is a sign of failing vision. They should be taught that the diminishing range of accommodation is physiological, not pathological, and it is not only useless but harmful to resist it. This working without a glass to correct the presbyopia is a source of much harm to the eyes and the cause of much suffering. I have, in a very large number of persons, seen violent headache and other reflex symptoms disappear as soon as a proper reading glass was secured.

The headache of old people is very frequently due to the eye strain brought about by the use of too weak glasses, or from the neglect of astigmatic corrections. It is true, they have lost the power of adjustment through the hardening of the lenses, but they have not lost the ciliary muscle, and the fruitless strain to see with an improper glass is quite as painful and often as harmful to the eyes as earlier in life. It is in these cases you will find the solutions of homatropine of signal service. It should be used in from iv to viij gr. solution three times daily until the ocular irritation subsides, and then the proper glasses chosen.

It is in young eyes, however, that the use of these drugs is most frequently needful. I wish to impress upon you, however, that they are not to be employed for the sole purpose of paralyzing the power of accommodation. This is of great importance, and in most cases a necessity if you are not to be satisfied with more or less close approximations in ordering the correcting glasses. My purpose has always been to determine with the greatest possible accuracy the static refraction of each eye. Having ascertained this, it may be used in any way the judgment of the surgeon may dictate; but until this knowledge has been gained all subsequent action must be based upon unknown factors, and this knowledge cannot be had except through measurements made after thorough paralysis of the accommodation.

Class-Room Notes.

Prof. Hare says children proportionately bear arsenic better than adults.

Prof. Wilson says that the first thing to be done in the treatment of enteric fever is to give a laxative.

As a counter-irritant in cases of catarrhal pneumonia, Prof. Graham advises

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painting over the solidified spots of the lungs with the tincture of iodine.

Prof. Keen says that internal hemorrhoids should never be cut. They should be removed either by the cautery or strangulated by the ligature.

For vomiting after etherization, Prof. Hare recommended the following:

℞. Tinct. opii deodoratæ..gtt. xxx
Sodii bromid..... .....gr. xxx
Aquæ amyli..... ʒ ij or iij
M. As an enema.

For acute coryza, where the mucous membrane is swollen and the nostrils are stopped up, Prof. Hare recommended the application of a solution of menthol (gr. ss to ʒ j). It gives immediate relief, and its effect lasts much longer than that of cocaine.

Prof. Keen recommends the following treatment as one of the best in cases of ingrown toenail: Below the fungus surrounding the ingrown part of the nail inject a little cocaine under the nail, then shave off the fungous granulations and place a little cotton under the nail.

Prof. Hare gave the class the following prescription for acute diarrhea:

℞. Acid. sulphuric. dilut..... ʒ j
Ext. hæmatoxyli fluid..... ʒ j
Tinct. opii camphoratæ.... ʒ ss
Syrup. zingiberis:.....ad. ʒ iij
M. Sig.—Dessertspoonful every hour.

In a case of catarrhal pneumonia in a child of six years of age, Prof. Graham prescribed the following:

℞. Ammonii chloridi..... ʒ ij
Syrup senegæ..... ʒ ij
Syrup tolu.....q. s. ad. ʒ ij
M. Sig.—Teaspoonful every four hours.

Prof. Hare recommends the following prescription as being useful in aborting an attack of asthma:

℞. Morph. sulph..... gr. ¼
Atropinæ.....gr. 1-100–1-50
M. Sig.—To be injected hypodermically as soon as an attack is perceived to be coming on.

A prescription given by Prof. Bartholow, and very highly recommended by Prof. Wilson, as being useful in cases of enteric fever, and which, it is claimed, reduces the severity of the disease, is the following to be administered from the onset of the disease and throughout its course:

℞. Tinct. iodinii.....gtt. ij
Acid. carbolic..... gtt. j
M. Sig.—To be given in a wineglassful of water every two or three hours.

Prof. Hare recommends the following prescription in cases of gonorrhea:

℞. Salol..... ʒ j–ij
Oleoresin cubebæ..... ʒ ij
Balsam copaibæ..... ʒ ij
Pepsin..... .....gr. xij
M. ft. capsulæ xii. Sig.—One six times a day.

Prof. Parvin says that he knows of no prescription that will give better results in cases of amenorrhea, due to anæmia, than the following:

℞. Terebinthinæ,
Aloes pulv.,
Ferri sulph. exsiccat., aa gr. vj–xij
M. ft. pil. xij. Sig.—One three times a day.

Dr. Albert Brubaker recommends the following prescription in cases where cerumen has collected in the external ear. It is often the cause of impaired hearing, and in not a few cases almost total deafness has been experienced on account of its presence.

℞. Potassii carbonatis...:..gr. xxx
Glycerini..... ʒ iij
Aquæ destillat..... ʒ iv
M. Sig.—To be injected into the ear.

The action of this prescription will be to dissolve the cerumen, when it will run out.

Prof. Hare recommends the following prescription in cases of incontinence of urine, in a patient who has lately recovered from an attack of scarlet fever:

℞. Acid. arsenios.....gr. ¼
Nucis vomicæ.....gr. ½
Quininæ sulph.....gr. x
M. ft. pil. x. Sig.—One to be taken three times a day.

Prof. Keen gives the following method for preventing bed-sores: Change the position of the patient as often as convenient or possible. Harden the skin by the use of either alcohol and alum, or by soap plasters. Also use the rubber air cushions. After bed-sores have appeared, he recommends the following treatment: First ap-

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ply a cold flaxseed meal poultice, containing small pieces of ice mixed with it, for the space of fifteen minutes. Then apply a hot poultice for a few hours, and thus change them about.

For the treatment of opium poisoning, Prof. Hare said that the best remedies are caffeine (in the form of hot, strong, black coffee) and strychnine, and externally the application of the dry electric brush. After the effects of the drug have been overcome, the importance of the application of external heat should not be forgotten.

—*College and Clinical Record.*

Losophan.

In the *Therapeutische Monatschefte*, Dr. Edmund Saalfeld, of Berlin, presents the results of his experience with the new preparation, Losophan, which, he says, to judge from its chemical composition, seems calculated to give favorable results in a series of external diseases. The correctness of this assumption is demonstrated by a considerable number of experiments made by the writer and reported in this paper. He says:

Losophan was employed in sixteen cases of mycosis tonsurans of the face and body (not the scalp). Of these, thirteen were definitely cured, while in the remaining three progressive improvement was noted, so that under continued treatment with Losophan a complete cure would have been obtained. Unfortunately the three patients withdrew from treatment when the subjective symptoms (such as itching) subsided and the deformity had disappeared.

Of three children suffering from herpes tonsurans of the scalp, one was cured; the others, when considerably improved, left off treatment. The patients suffering from parasitic sycosis were much benefitted: two when nearly cured failed to return, while the other is still under treatment. In a case of onychomycosis tonsurans of about three years' duration, which is yet under treatment, gradual improvement is taking place. In pityriasis versicolor, Losophan was employed in one and two per cent. solutions, and in one case in the form of an ointment (1.30). In two cases complete cure was effected by a few applications with the brush, while two others withdrew from treatment when the brownish discoloration had become less marked, and three others also failed to return.

In concluding his report the writer says that Losophan has a favorable influence in the most common dermatomycoses, herpes tonsurans and pityriasis versicolor, and the diseases produced by epizoa, in a series of cases of which a complete cure was obtained. Losophan has also proved useful in the treatment of prurigo, in a few cases of chronic infiltrated eczema, sycosis vulgaris, acne vulgaris and rosacea. A favorable effect, although less pronounced, was observed in a few cases of idiopathic pruritus cutaneus. As a palliative remedy, for the relief of itching, Losophan was of little service in uticaria, and it proved useless in the treatment of psoriasis vulgaris and primary syphilitic lesions. When used as a dusting powder Losophan exerts only a slight effect in diminishing secretion, and is less efficient than the other remedies commonly employed for that purpose. The employment of Losophan appears contraindicated in all acute inflammatory affections of the skin, in which, even in weak solutions, it readily gives rise to irritation.

Surgical Soap.

Dr. Horace Tracy Hanks, in a late issue of the *Medical Record*, says:

In view of the fact that to-day cleanliness is next to godliness to every good surgeon, and that time is a desideratum which cannot be ignored in preparing ourselves for our surgical work, I believe that the accompanying formula for a liquid soap mixture meets the above indications better than any preparation of soap in the market. I have been experimenting for over a year, and have found this agreeable, effective and economical. It cleanses the hands and removes the accumulations under the nails in the shortest possible time, quicker than anything else I have ever tried. The alcohol assists in this, while the glycerine renders the skin soft after the hands are dried. The strong alkali of the green soap may possibly act as a mild

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germicide, but it should not be depended upon to the exclusion of those fluids which are known to be absolutely germicidal. In the formula I have given, preferably to myself, oil of rose geranium for a scent to overcome the sometimes disagreeable fishy odor of the green soap, but the same quantity of oil of wintergreen, or peppermint, or bergamot, as preferred, will serve equally well:

3 parts best commercial green soap.
1 part 95 per cent. alcohol.
1 part glycerine.
1 part water.
1 drachm oil rose geranium to each part of alcohol.

Treatment of Pneumonia.

In relation to the treatment of pneumonia, Dr. Boardman Reed has expressed his views as follows:

1. Water locally applied, either by wet packs or in the form of baths, after the Brand method, is the most efficient single remedy or therapeutic measure for acute pneumonia.

2. Either veratrum viride or aconite can accomplish more than any other single drug in the first stage, and that the same is true of digitalis in the second stage.

3. A combination of one of these cardiac sedatives with opium and diaphoretics, affords not only a safe but an eminently successful internal treatment for the first stage of acute pneumonia, being capable of aborting the disease when its administration is begun near the onset, and is repeated at short intervals day and night.

4. Venesection, though a most efficient means of treating sthenic forms of pneumonia, and, judiciously employed, considerably more successful than any merely expectant method, is no longer an indispensable resource in managing the disease, since other remedies have been found to accomplish the same results more surely and pleasantly.—*Therapeutic Gazette.*

Prescription for Earache.

The following prescription will be found useful in alleviating pain in sub-acute inflammations of the middle ear, in the late stages of acute inflammation, in sub-acute inflammatory affections of the tympanic membrane, and generally in earache where there are no definite indications for operative interference. It may be used whether there is or is not discharge from the ear. Certain observations have made Dr. John Dunn, Chief of Clinic of the Richmond Eye, Ear and Throat Infirmary (who furnishes this note), believe it has a bacteriocidal value; it may be sprayed directly into the middle ear, where there is a hole in the drum-head:

℞. Menthol.....gr. xx
Gum camphor.....gr. xx
Liq. albolene..... ℥ j

M. Sig.—Drop into the ear several times daily. If pus be found, wash out the external ear before using.—*Va. Med. Monthly.*

Rules for the Administration of Cocaine.

Dr. Magitot, in the *Repertorie de Pharmacie*, formulates the following rules which should govern the employment of cocaine as an anæsthetic:

1. The dose of cocaine injected should be appropriate to the extent of the surface desired to render insensitive. It should not exceed in any case one grain to one and three quarter grains. Each dose should be restricted in large surfaces.

2. Cocaine should never be employed in cases of heart disease, in chronic affections of the respiratory apparatus, or in nervous subjects; and this exclusion applies also to other anesthetics.

3. Cocaine should be injected into the interior and not under the derm of the mucous membrane of the skin. This is the intradermic method of reclus, which should be substituted for the hypodermic method. By this means the introduction of a substance into the vein is avoided and the risk of accidents minimized.

4. The injections should always be practiced upon the subject in a recumbent position, and he should only be raised when the operation is to be performed upon the head and mouth, and then only after anesthesia is complete.

5 The cocaine should be absolutely pure, since, as pointed out by Laborde, its mixture with other alkalies forms highly poisonous compounds.

6. Cocaine should be injected in di-

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vided doses, with a few minutes interval. This method of "fractional injection" renders it possible to guard against the production of sudden symptoms of poisoning. —*N. Y. Med. Times.*

How to Use Pepsin.

In concluding an article on "How Physicians Prescribe Pepsin," in the *Brooklyn Medical Journal*, the writer, Dr. R. G. Eccles, says that no pepsin should be dispensed that is not asceptic. A pepsin that is highly insoluble in water and very dilute acid is very likely to be highly infected because of the way it is procured. A soluble pepsin that gives out a foul odor after twenty-four hours in a solution in a warm room, should never be used. The dose of pepsin is indefinite. A whole drachm of the most active on the market can be swallowed without injury by an adult. If prompt action is wanted doses of ten grains or more of a first-class article should be given. The right kind of cases respond promptly to such treatment. With patients complaining of sour stomach pepsin should not be given until that symptom has disappeared either spontaneously or by proper treatment. Where diphtheritic membranes are sought to be removed, the purest and most powerful brands can alone be relied upon for quick results. Where gangrenous wounds are to be cleaned off the same advice applies. A pepsin capable of digesting twenty-five thousand times its own weight of albumen in pharmacopœial time has lately been tested by the writer. Such an article, could it be made at a low rate, would be a powerful aid to surgeons and to physicians who have diphtheria to contend with. Hand in hand with antiseptics they could easily vanquish septic and diphtheritic germs by its aid.

Three Antipyretics.

From a study of the comparative actions of antipyrine, phenacetine and phenocoll, by Drs. Cerna and Carter, of the Physiological Laboratory of the University of Pennsylvania, regarding heat phenomena the following conclusions were drawn:

1. Antipyrine, phenacetine and phenocoll all fail to produce any effect on the heat functions of the normal animal.

2. Antipyrine produces a decided fall of temperature in the first hour after its administration in the fevered animal. This reduction is due to a great increase in heat dissipation, together with a fall in the heat production.

3. Phenacetine, both in septic and albumose fevers, produces a very slight fall of temperature during the first and second hours after its ingestion by the stomach, but the greatest reduction occurs the third hour after its ingestion. The fall of temperature results chiefly from a decrease in heat production, with a slight increase in the heat dissipation. The increase in dissipation is not as great as with antipyrine. Probably the delayed action of the drug depends on its insolubility.

4. Phenocoll causes in fever a very decided fall in temperature, which occurs the first hour after the administration of the drug by the stomach. This reduction is the result of an enormons diminution of heat production, without any alteration of heat dissipation.

The general conclusion would be that phenocoll produced less tendency to cyanosis, and was a better antipyretic because it lessens heat production. Phenacetine is safe so far as the heart is concerned, and it is known clinically that it is a superior analgesic. All of the three drugs, however, will produce cyanosis and cardiac depression if given in very large doses.

Neurasthenia.

A writer in a recent number of the *Journal of Mental and Nervous Diseases*, says that in the busy struggle for existence the battle of life is no longer fought with the hands, but with the brain. The demands made by the efforts of the brain-worker upon the nervous system are excessive. No matter what powers of endurance the body may possess, the restless tenant exhausts them. Especially is this true of those slightly built persons with well-vaulted foreheads and small viscera. Their restless energy brings about a breakdown; the assimilative organs cannot supply the nutritive pabulum of the nervous system in sufficient quantity, the store be-

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comes exhausted, and then the brain power gives way; the work that once could be accomplished with ease becomes a grievous task, and a little later on the capacity to discharge it is no longer present. The patient is sent away for rest. After long rest and appropriate food the nervous system is once more for a time equal to the demands likely to be made upon it. The treatment of mental overwork is absolute rest, with a generous diet that will make fat. As the nervous substance is largely made up of fat with phosphoric acid (lecithin), its nutrition must be maintained, and for this purpose Proteinol is highly recommended one hour after each meal. Give milk puddings, cream and seltzer water, salads with oil, yolk of egg in sherry wine. Be guarded in allowing nitrogenous diet, but freely give a carbohydrate and a diet that will make fat, and enjoin absolute rest and change of scene.

Ready Examination of Urine.

Put a drop on a strip of white filtering paper, heat it slowly and carefully, and if sugar be present, the spot dries with a yellowish-brown to deep brown, depending on the amount. If albumen be present the color is yellow, merging perhaps into yellowish-red. Chloroform is a test for bile. A few drops added in a test-tube will become turbid and acquire a yellowish tint, darker or lighter, according to the quantity of bile present. Perchloride of iron develops a blue tinge if the patient is a morphine eater.

Treatment of Typhoid Fever by Systematic Cold Bathing.

Prof. J. C. Wilson, in a late issue of the *Medical News*, describes the treatment of typhoid fever after the method of Brand, and gives a further report of the results obtained by this method in the German Hospital, Philadelphia. The method consists in the following systematic procedure: Whenever the temperature, taken in the rectum, reaches 102.2 deg. F. (39 deg. C.), the patient is placed in a bath of 65 deg. F. A compress, wet with water about five degrees lower, is placed on the head, or water at a lower temperature is poured upon the head and shoulders. The patient remains in the bath fifteen minutes, during which time he is systematically rubbed by the attendants, and encouraged to rub himself. At the expiration of that time he is removed from the bath, and wrapped in a coarse linen sheet, over which a blanket is folded, the extremities being thoroughly dried and rubbed. A little wine or spirits is then given. This is repeated every three hours, unless the temperature remains below 102.2 deg. F. The alimentation is liquid, nutritious and carefully regulated. No drugs are administered.

The total number of cases treated by this method was 226; the total deaths 12–5.3 per cent. Relapses occurred in 19 instances; more than one relapse occurred in 2 cases. This method of treatment has reduced the death rate in this institution nearly 50 per cent. from the best showing of previous years, and 66 per cent. from the most favorable statistics of the hospitals of the city under other methods.

For Chronic Pulmonary Disease.

This formula has been very frequently prescribed by me during the last year and a half, with good effects in asthma, chronic bronchitis, chronic pneumonia, and pulmonary consumption:

℞. Strychniæ sulphat..... gr. j
Syr. acidi hydriodici,
Syr. hypophosphit....aa.... ʒ ij
M. Sig.—One teaspoonful four times a day.

The hypophosphites and hydriodic acid are among the most useful tonics of the materia medica, and it is also a well-known fact that strychnine possesses a special, stimulating influence on the pulmonary nerve supply. I had long been in the habit of using the alkaloid in respiratory diseases, but I found that its combination with the other two ingredients resulted in a mutual enhancement of action. The good effects of strychnine can, however, only be obtained when it is given in large doses. Hence I begin with 1-32 of a grain, and gradually increase it to 1-20 or to 1-15, or until it shows a tendency to manifest its physiological action.—*Dr. Thomas J. Mays, in Polyclinic.*

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Favorite Prescriptions.

We hope that our readers will take special interest in this department of the SUMMARY. We solicit practitioners to furnish us for publication with one of more of their favorite prescriptions. Only such as your personal experience has convinced you to be or practical use should be submitted.

Formulas plainly written *on a postal card* is a convenient way for sending. Always give them in this order, please:

1. Name of the disease.
2. The formula and directions.
3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the SUMMARY.

Nasal Catarrh.

Editor Medical Summary:

Nasal catarrh is very prevalent in this humid climate, especially during the winter months. It is a disease that is considered incurable by a great many, even of the medical fraternity. Nasal catarrh is only an inflammation of the mucous membrane of the nasal cavity, and can largely be alleviated, with a good per cent. permanently cured, if properly and persistently treated.

Now allow me to give my plan of treatment—not exactly original with me, but which I have found reliable:

℞. Oil cajeputi,
Oil peppermint.. aa..♏ xx to xl
Oil sweet almonds, or
Sweet oil..... ʒ ij

M. Sig.—Lubricate the nostrils well morning and evening.

This will invariably break up a cold in the head, as well as do more for a chronic nasal catarrh than anything I have ever tried. Also give the following constitutional treatment: Acid solution of iron, one drop every three hours every other day, alternated with Fowler's solution of arsenic, one drop every three hours each day between. If the mucous membrane is very dry and stuffed up, give iodide of potash, one and a half grains, with the arsenic. And if the patient is of a very strumous diathesis, give syrup iodide of iron, cod-liver oil, syrup lacto-phosphate of lime, bark, iron, and strychnia, etc., as indicated.

Brethren, try the above treatment and report. L. A. BAGWELL, M. D.

Greentown, Ind.

Rheumatism.

This is an excellent combination in rheumatism, and will seldom disappoint:

℞. Tinct. cimicifugæ..... ʒ ij
Vinum colch. sem..... ʒ iss
Syrup acid hydriodic (Hostelley's) ..... ʒ ivss

M. Sig.—Teaspoonful in water four times daily.

T. H. ALLISON, M. D.

Kittanning, Pa.

For Chilblains.

℞. Hyd. chlorid. mite..... 3 ij
Cerat. rosæ..... 3 viij

M. Sig.—Apply a little at night, after bathing the parts in hot water with a little good vinegar (say about two ounces to two quarts of water,) keeping the skin dry during the day with woolen socks, and some good dusting powder.

W. R. D. BLACKWOOD, M. D.

Philadelphia, Pa.

Rhus Poisoning.

Many are the remedies suggested for the amelioration of the effects of poison from the rhus radicans—poison vine—but no prophylactic. When a boy the writer learned that the farmers around Quakertown, Pa., who, when mowing their meadows were liable to poison from this vine, used an ointment of hyd. ox. rub. and adeps, annointing their necks, wrists, hands and ankles before going where the poison vine grew. For over forty years the writer has been prescribing the remedy as a prophylactic, and, himself a bad subject for the poison, used it before going into the swamps where the vine was growing so thick as to render progress almost impossible, and has always escaped being poisoned. Try it. An ounce of prevention, is worth a pound of cure.

E. C. KITCHIN, M. D.

Blumfieldville, Pa.

We again desire to remind our readers that this department of the SUMMARY was established for the purpose of bringing before the profession such formulas not heretofore published, and which have been found of practical value by practitioners in every section of the country. Almost every doctor in active practice has some favorites which have proved specially valuable to him. Let us have your mite in this direction. You can use a postal card for this purpose, but write plainly, please.

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Notes and Queries.

We cordially invite questions for this column on all subjects of practical interest and value to physicians. Brief, pointed, practical paragraphs embodying the personal experience of any of our readers will also be acceptable as contributions to this department. The SUMMARY is thus a valuable medium for the intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

Communications for this department should be written on one side of the paper only.

The QUERIES in this issue await the ANSWERS which our intelligent readers may be pleased to contribute for publication in our next

Antikamnia in Neuralgia—Kumyss in Vomiting in Pregnancy.

Editor Medical Summary:

I have been exceedingly pleased from time to time to see in your notes from your different contributors articles on some of the new remedies they have tried—one I distinctly remember relative to Antikamnia. I can shake hands with the doctor who reported such successful results from the use of this drug. I have found Antikamnia to be one of the sure things in headache, whether neuralgic or otherwise; especially, however, have I had marked results in neuralgia. I have given it where the patient was wild with pain in neuralgia of the head. First powder quieted, and second or third powder, given at intervals of not less than a half hour, cured. One case of this kind reported getting her prescription renewed for another lady afflicted the same way, and it cured her. The druggist in this case got the *cash* benefit, Antikamnia got the *praise*, and I got *thanks indirectly* and *no fee*. Moral:—Carry the powders with you and give them yourself, then the cases following the first ones will have to call on you to know what you prescribed. I usually give it in the following formula:

℞. Antikamnia..... 3 j

M. ft. pulv. No. x. Sig.—One powder every half hour or hour, one to two hours until relieved—telling the patient, of course, to regulate the intervals according to circumstances.

I have taken it myself for headache, and have been wonderfully gratified with the result. I know that many druggists poohhooh at the idea of Antikamnia doing anything, but the proof of the pudding always is in the eating for yourself; and having tried this drug on my patients and on myself with exceedingly gratifying results, I know whereof I speak, and care nothing for the simplicity of the remedy so long as it does the work. It is, as is justly claimed for it, a godsend in its practical results, where morphia would otherwise be called for. The beautiful part of the matter, apart from its quieting pain, is that there are no after-results that are unpleasant, as in the case of morphine or chloral. So much for Antikamnia. Try it, brother, and I am sure if you get the pure article you will not be disappointed.

Now one word in regard to a case of vomiting in pregnancy. This particular one I speak of persistently refused to succumb to any remedy given for sometime. The stomach would not retain even a powder of hydrastis. Finally I told the husband to get some of Brush's Kumyss. The next time I called, the wife had to report success, and was soon ready to relish and her stomach to retain a good substantial meal. No further trouble afterward; carried the child to full term, and was delivered of a healthy girl baby.

I have some other interesting cases to report, and you may hear from me soon again.

J. H. YARNALL, M. D.

New York City.

Influenza—Gas and "Germs."

If I may assist Dr. Browning, of Littleton, N. C., to widen the professional glance to a comprehension of home-made causes which directly tend to develop many of our common diseases, I will do so gladly. From his appreciated, though somewhat dissenting reference (see January SUMMARY, page 293,) it seems I have largely failed to make clear the gist of my urgent suggestions relative to the poisonous nature and pathological effects of *fuel gases, of all kinds, and everywhere*, when inhaled with the breathing air of any house, place of business or pleasure, bedroom or kitchen, school or church—the wide world over.

My sketch-like glances at this great subject in the SUMMARY, have not been aimed at the mischiefs of anthracite coal gas only, but included all fuels and illuminants burned in the breathing air of persons and families—either hard or soft coal, hard or soft coke, wood or charcoal, coal oil stoves

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and lamps, gaslights and gas stoves, gasoline, fats, even sods and peats; all the aforetime materials used to make light and heat by the process of combustion in the house, thereby consuming the oxygen of the house air, and changing the carbon of the combustible fuel into heat and poisonous carbonic oxide gases, which to some extent poison the breathing air indoors if inhaled.

The charcoal of hickory wood, or of any wood fire, will give off in burning as poisonous a carbonic oxide gas as will coke or coal, and will produce an inflamed throat, a quinsy, an influenza, just as readily if the carbonic oxide gas from the wood fire expands and escapes with the heat into the breathing air about the fireplace, especially if the draft of the chimney be not good. The poison from kerosene lamps is just as injurious as from gaslights in the room. Open fireplaces, like open grates, may be shallow, not deep enough back under the chimney; or persons or children may sit too close by the fire, and, while warming for a slight chilliness, breathe enough fire-gases to precipitate an attack of real illness. To inhale the gas direct from the top of a burning lamp chimney for a half hour would reveal something of the results of combustion of fuel.

The purity of the outdoor atmosphere may be the sanitary salvation of the house air, if systematically allowed to enter and purify, by diluting the fuel gases produced inside, and furnishing fresh oxygen both for respiratory purposes and for combustion going on indoors.

As to the "germ" so much sought, after all it is but a ferment form, developed naturally by the disintegrations and waste matters of disease—the natural product of any decomposition. They *never make* influenza, but are a *result*, which vanishes with the cure. Fuel-gas poison is *not the only* cause responsible for influenza, but is a *radical, generic, natural, general cause* in most houses and places. See MEDICAL SUMMARY, October, 1890, also April, May, June, July, August, October and November, 1892. GEO. B. H. SWAYZE, M. D.

Philadelphia, Pa.

The SUMMARY—one year, one dollar.

Erysipelas.

Editor Medical Summary:

In your November issue I saw an article on erysipelas, and having had considerable experience with that troublesome as well as dangerous malady, while located in the swamp country of Missouri, I will briefly give your readers the outline of my treatment, as I have found it the most successful of any that I have yet used. I always begin my treatment by giving the following prescription:

℞. Podophyllin pulv.....gr. ij
Leptandra.....gr. xvj

M. Div. in capsules No. viii. Sig.—One capsule every three hours until the bowels act freely. In addition to this:

℞. Hydrarg. chlor. mit.....ʒ ij
Adips.....ʒ j

M. Sig.—Apply to affected part every hour as long as absorption continues; and it is wonderful how rapidly and completely this will be taken up, leaving no trace of mercury on the skin.

Under this treatment I have seen cases where the eyes were entirely closed from the swelling relieved in twelve hours. At the beginning of convalescence I give the following, and order a good substantial diet: Muriate tinct. iron, fifteen to twenty drops after each meal, and three doses, four grains each, of quiuine, daily for a week. W. F. JAMES, M. D.

Bibb, Comanche Co., Texas.

Query.

Through the MEDICAL SUMMARY I would like to know of Dr. A. G. Beebe, of Chicago, how he prepares the iodide of lime; what are the proportions, etc., etc.

J. M. JOHNSON, M. D.

Locksburg, Ark.

Undoubtedly you have cases in practice which would be of interest and importance given in brief to other readers of the SUMMARY. Let us hear from you with a brief, practical article, favorite prescription, or even a therapeutic note from experience will be welcome and acceptable matter for the SUMMARY.

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Book Notices.

NOTES ON THE NEWER REMEDIES; Their Therapeutic Application and Modes of Administration. By David Cerna, M. D., Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, Etc., Etc. W. B. Saunders, publisher, 913 Walnut St., Philadelphia. 1893. Price $1.25.

The author's object in this little volume has been to present brief records of the therapeutic applications of the newer remedies, especially of those whose usefulness has been more or less ascertained from clinical experience. To our mind the author's object has been satisfactorily accomplished, taking into consideration that brevity was a feature especially considered. The matter is arranged in alphabetical order, convenient for speedy references. The chemical composition, physical properties, therapeutic application and proper doses of the remedies presented are clearly defined. The busy practitioners who desire to keep abreast of the times can not well afford to be without a book of this kind.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures. J. B. Lippincott Co., publishers, Philadelphia. 1892. Price, $2.75.

We have before us Volume No. 3 of the second series, a book of nearly four hundred pages, containing forty-two papers in the shape of clinical lectures, upon a wide range of subjects within the domain of the arts and science of medicine. Many of the essays or lectures presented in these volumes are from some of the ablest writers and clinical teachers in the world. The articles are not too long, generally short and full of condensed thought, with the strong points clearly presented, making it the best class of medical literature

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FISSURE OF THE ANUS AND FISTULA IN ANO. By Lewis H. Adler, Jr., M. D. Geo. S. Davis, publisher, Detroit, Mich. 1892. Price, paper, 25 cents.

This is a most excellent and practical brochure upon the subjects presented or discussed. It can be read by the general practitioner with interest and profit.

Notes of Some Fibroid Tumors Treated by Electricity. By G. Betton Massey, M. D. Reprinted from Transactions Philadelphia County Medical Society. 1892.

Compressed Air and Sprays in Diseases of the Nose, Throat and Ear. By S. S. Bishop, M. D., Chicago, Ill. Reprinted from *Jour. Amer. Med. Asso.*, October 22d, 1892.

The Treatment of Tuberculosis with Tuberculocidin; A Preliminary Communication. By Dr. E. Klebs, of Zurich. 1892. By addressing Schilzeberge, Koecht & Movins, 79 Murray St., New York City, and mentioning the SUMMARY, a copy of the above will be sent free.

Two cases of Tubercular Osteo-Myelitis of Tibia. Reprinted from *Jour. Amer. Med. Asso.* 1889.

Comparative Value of Mercury and the Iodides in the Treatment of Syphilis. Reprinted from *Jour. Amer. Med. Asso.* 1892.

Two Cases of Carcinoma of the Uterus. Reprint from *Jour. State Medical Society of Arkansas.* 1890.

How I Became a Homœopath. By Wm. H. Halcombe, M D., of New Orleans, La. Boericke & Tafel, publishers, Philadelphia. 1892.

A Study of the Comparative Actions of Antipyrine, Phenacetine and Phenocoll on the Circulation and Heat Phenomena. By David Cerna, M. D., Ph. D., and Wm. S. Carter, M. D., both Assistants to the Chair of Physiology in the University of Penna.

The Mydriatics in Ophthalmology. By S. D. Risley, M. D. Reprinted from the *University Medical Magazine*, for January, 1893.

Typhoid Fever in the Light of Modern Research. Facts and Doubts about Cholera. By L. Bremer, M. D., St. Louis, Mo.

A subscription to the SUMMARY is money well invested. Order it now

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Summary Gleanings.

Never completely empty an over-distended bladder, nor aspirate all the fluid in a pleural cavity at one sitting.

Fluid preparations of cannabis indica should be administered in syrup of acacia, because water precipitates the resin; it is said to be almost a specific in menorrhagia.

Borated cotton is a convenient dressing for the cord. The first parts of the child to be washed are its eyes.

The infant powder made by the Gerhard Mennen Chemical Co., is an article which can be used with entire confidence as possessing sterling virtue.

Fuming nitric acid applied with a pen point will remove angiomas easily.

Strongest acetic acid well applied for a few days will remove all warts or moles from the body permanently.

It is stated that the inhalations of nitrite of amyl is a sure antidote for cocaine poisoning.

Cream as a nutritive agent is superior to any of the other fats or oils.

Equal parts of powdered alum, borax and chlorate of potash used as a gargle will relieve pharyngitis, and cure, if the treatment is kept up.

The old firm of Tilden & Co., New Lebanon, N. Y., has been entirely reorganized. They now mean business in every sense of the word, intending to bring tneir preparations once more to the front, and hope to occupy the position that rightfully belongs to them.

A collodion cotton dressing is useful in small wounds of the head and face.

Hyoscyamus is valuable in the delirium of fevers, accompanied with wild dreams or hallucinations.

The local application of calomel is recommended by Dr. James as affording great relief in cases of irritable and inflamed hemorrhoids. He says that he has never known it to fail.

In vomiting due to gastric ulcer, Ringer recommends the administration of thirty minims of dilute hydrobromic acid in a half wineglassful of water four times daily.

It is said that ten drops of tinct. gelsemium, every four hours, will almost invariably relieve that painful condition or backache commonly called lumbago.

Original articles sent for publication in the SUMMARY must not be long spun-out and theoretical, but short, brief and thoroughly practical. No article, unless of special interest, should contain more than 700 words.

Dr. Pope reports sixteen cases of ulcer of the stomach treated with success by five grain doses of resorcin, given when the stomach was empty.

Dr. Louis Bauer says that leucorrhea is often due solely to constipation, hence clearance of the bowels of their fœcal contents is in many cases the most effective treatment of that troublesome disorder.

Firwein we tested and used nearly a generation ago. As the composition is given by Tilden and Co., the sticklers to preparations only of the U. S. P. need have no scruples against using or prescribing this medium.

In severe paroxysms ot coughing from whatever cause, a tablespoonful of glycerin in hot milk or cream will give speedy relief.

Dr. Chas. L. Mitchell, 1016 Cherry St., Philadelphia, is recognized as a leader in the manufacture of fine gelatine specialties, lozenges, bougies, etc. Write for literature, and mention the SUMMARY.

Not only are the regular reading pages of the SUMMARY very interesting, but the advertising pages are also of special interest this month.

"Having used McArthur's chemically pure Syrup of the Hypophosphites of Lime and Soda for some time in my practice, it affords me pleasure to recommend it to my patients who are suffering from incipient phthisis, chronic bronchitis and other pulmonary affections. In all wasting diseases I think it a most reliable remedy. It increases appetite and promotes digestion." —David F. Drew, M. D., Councillor Massachusetts Medical Society.

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The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession. It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains:			
Pure Cod Liver Oil.....	30 m. (drops)	Soda.....	1-2 Grains.
Distilled Water.....	25 "	Salicylic Acid.....	1-4 "
Soluble Pancreatin.....	5 Grains.	Hyochoite Acid.....	1-20 "

Recommended and Prescribed by EMINENT PHYSICIANS Everywhere. It is pleasant to the Taste and acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuæ, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

The following are some of the diseases in which HYDROLEINE is indicated:

Phthisis, Tuberculosis, Catarrh, Cough, Scrofula, Chlorosis, General Debility, etc.

TO BRAIN WORKERS of all classes, HYDROLEINE is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," and "Consumption and Wasting Diseases," by two distinguished London physicians, which will be sent free on application.

SOLD BY DRUGGISTS GENERALLY.

C. N. CRITTENTON,

SOLE AGENT FOR THE UNITED STATES. 115 FULTON STREET, N. Y.

A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U. S.

DERANGEMENTS OF THE LIVER

Horsford's Acid Phosphate.

has been used with good effect in diseases of the liver, and biliary disorders, where an acid treatment is indicated, and has especially proved a desirable medium to employ in chronic hepatic affections. By its action it stimulates the liver and promotes an increased flow of bile.

The Acid Phosphate is far superior to the nitro-muriatic acid of the pharmacopœia, in that it serves to assist digestion, and promotes in a marked degree the healthful action of the digestive organs.

"Dr. O. G. Cilley, of Boston, says: "I give it in all cases where there is derangement of the liver, with the most remarkable success. With my patients it has agreed wonderfully."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

Beware of Substitutes and Imitations.

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PLATT'S CHLORIDES IN THE HOUSEHOLD

"I personally regard my household as incomplete without a supply of PLATT'S CHLORIDES, and am trying to make my patients feel in the same way."

AMBROSE L RANNEY, M. D.,
Prof. of the Anatomy and Physiology of the Nervous System, N. Y. Post-Grad. Medical School.

"I think well of PLATT'S CHEORIDES as a disinfectant. S. A. DURGIN, M. D.
BOSTON, MASS.
Lecturer on Hygiene, Harvard Univer.

"The best in the market. Odorless, yet destructive to the disease-producing qualities of decomposing matter. Should be in every house,"

T. H. STUCKEY, M. D.,
LOUISVILLE, KY.
Prof. Sur. Pathology and Clinical Surgery, Louisville Hospital College of Medicine.

"I believe PLATT'S CHLORIDES is the most effective germicide and deodorizer of moderate cost, in convenient form to use, that has yet been placed before the public."

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BRIDGEPORT, CONN.
Medical Officer Board of Health.

"PLATT'S CHLORIDES is compounded scientifically, is odorless, yet very efficient, and is afforded at a price which puts it within the reach of the vast majority of housekeepers."

J. ADAMS ALLEN, M. D.,
CHICAGO, ILL.
Late Pres. Rush Medical College.

"PLATT'S CHLORIDES is a good disinfectant, and I recommend it for household disinfection."

DAVID H. BECKWITH, M. D.,
CLEVELAND, O.
Pres. Ohio State Board of Health.

"I believe PLATT'S CHLORIDES is destined to take the place of every other disinfectant." H. TUHOLSKE, M. D.
ST. LOUIS, MO.
Professor Clinical Surgery, Missouri Medical College.

Ale and Beef Peptonized.

"Some time ago I was hastily called into the interior of Illinois to a consultation on the case of a prominent physician of that section. His nervous system was terribly demoralized, superinduced by an attack of the grippe. His general breakdown was complicated with an abscess of the liver and serious organic lesions of the heart. His stomach was the most irritable part of his make-up. When I first saw him I suggested the use of Ale & Beef Peptonized. A few days ago I saw the patient again, and find that it was retained by the stomach, and met the conditions of the case most admirably. It had been taken more freely than any other nourishment, and the patient is improving. I am confident that he attributes his improvement to Ale & Beef Peptonized," — I. N. Love, M. D., St. Louis, Mo.

HABITUALLY MOIST FEET.—This is found most frequently in such persons as live well and take little exercise. Also, in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the employment of foot-baths of a strong solution of Extract of Pinus Canadensis (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid mixed with lycopodium, oxide of zinc, or other inert powder, constantly applied inside the stockings. — *Dr. Jamison's Periscope in Edinburgh Med. Jour.*

Dr. A. McKitrick, of Brownsburg, Ind., says: "I regard Sander & Sons Eucalyptol with high repute. As a remedy for asthmatic and bronchial troubles it certainly cannot be excelled, and from its powerful antiseptic and germicidal properties it very agreeably enters into all catarrhal and leucorrheal washes and solutions, etc."

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☞ *Physicians who have been disappointed in the use of favorite Prescriptions have the remedy in their own hands. Prescriptions and orders should read "Wm. S. M. Chem. Co."*

GREEN DRUG FLUID EXTRACTS

CHARACTERISTICS:

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The WM. S. MERRELL CHEMICAL CO. will not hold themselves responsible for the identity of Fluid Extracts, filled out by druggists from bulk stock, even though the written label may read "*Merrell's.*" **CAUTION.**—Accept original packages only.

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are slow but certain poisons.
produce symptoms closely resembling delirium tremens.
patients become delirious.
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should not be administered internally, however much they may have been dialized or purified.

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FLUID HYDRASTIS

A solution of definite strength and reliability, representing all the valuable constituents of the drug—the offensive and irritating resins being rejected. The only perfect representative of the drug in the fluid form within reach of the medical profession Though often attempted it has never been successfully imitated. Send for our pamphlet on "Hydrastis and its Preparations."

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Under this head we shall insert free of charge an advertisement occupying not more than four lines, which is equal to about twenty-eight words, to any one whose name is on the subscription list of the SUMMARY. For additional words, or if more than one insertion is desired, cash, at the rate of *Two Cents per word*, is required. If letters are to be sent in care of this office an extra fee of 25 cents must accompany the order. Instruments, Preparations, etc., advertised under this heading at double the above rates.

READ—Wanted and For Sale Ads Inserted in this column for 2 Cents per Word.

ANY PHYSICIAN with $2,500 wishing one of the best locations in Indiana gas field, will learn something greatly to his interest by writing for particulars, with stamp. Box 139, Greentown, Ind.

PROPERTY—House heated by hot-air; cost $3,500; will sell for $2,200; business town, summer resort. Will introduce to buyer $2,000 to $3,000 practice a year. T. E. Aldrich, M. D., Chestertown, Warren Co., N. J.

FOR SALE.—Any physician buying my property, located in country town, will be introduced to a good paying practice; choice location, on easy terms. For particulars address, Dr. T., care Horn's Pharmacy, Carlisle, Pa.

AGENTS WANTED, big money. Address with stamp, Box 704, Elkhart, Ind.

FOR SALE.—Property and practice, a splendid location. Address, with stamp, D., care MEDICAL SUMMARY.

DR. W. V. WILSON'S New Book on "Vomiting and Headaches," complete in one volume of 500 pages, will be issued about February 1st, 1893. Price, $2.75. Prospectus mailed on application. Address, JOHN SAXTON, 818 Chapel St., New Haven, Ct.

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THE NATIONAL MEDICAL EXCHANGE, Elkhart, Ind. List and terms, ten cents.

DOCTORS' EXCHANGE BUREAU.—Locations furnished for physicians in all parts of the United States; buyers furnished for those desiring to sell practice or property; choice locations on easy terms; quick sales; facilities unsurpassed; monthly bulletin, terms, etc., sent free. Address, Hutchinson & Jones, Lock Box 1501, Weyauwega, Wis.

SPECIAL OFFER to Physicians and Surgeons.—150 No. 6 XXX high-cut white envelopes printed to order and postpaid, 50 cents; note heads do. W. J. Kafroth, printer, Talmage, Lancaster Co., Pa. Samples free.

Constipation.

Pavara Pills produce a prompt, painless and natural evacuation of the bowels, *without the usual sequence of constipation*; and they will not, under any conditions, interfere in the slightest degree with other medical treatment.

Formula printed on outside label.

For constipation during pregnancy, these pills are a perfect remedy.

A large bottle (150 pills) will be mailed to any physician, for trial, on receipt of 25 cents in postage stamps.

Prepared by C. L. TOPLIFF, New York. P. O. Box 901. Depot, 115 Fulton Street.

Literary Notes.

Dr. John B. Hamilton, formerly Surgeon-General of the Marine Hospital Service, now Professor of Surgery at Rush Medical College, Chicago, is the editor for a new edition of Moullin's Text-Book on Surgery, which was first published in 1891. Dr. Hamilton has now almost completed his work, and within a short time the publishers, P. Blakiston, Son & Co., of Philadelphia, expect to place before the profession the book generally revised so as to represent Surgery as it is to-day, with a number of new and beautifully colored illustrations printed in with the text.

The Pope Mfg. Co., of Boston, has issued what is known as the Columbia Desk Calendar, which consists of a pad, 366 leaves, one for each day in the year, and one for the entire year. Upon each leaf are short sermons of the Gospel of "Out-of-door Happiness and Health," with authoritative advice on national road making by the most eminent experts. The pad rests upon a metallic stand, takes very little room, and is an indispensible article for the desk.

The young men and young women who aspire to obtain academic or college educations, and whose parents cannot well afford them that expense, will be interested in the work of the *Cosmopolitan* magazine, which has offered for the year 1893 one thousand scholarships at any of the leading colleges or schools of the United States, upon the condition of introducing the magazine into certain neighborhoods. Yale, Vassar, Harvard, Ann Arbor, Chicago, the Southern colleges, the great schools of art and medicine, all are alike open to the ambitious boy or girl who is not afraid of a little earnest work. The *Cosmopolitan* sends out from its New York office a handsomely printed pamphlet to any applicant, telling just what is necessary in order to secure one of these scholarships. The scholarship itself includes board, lodging, laundry and tuition—all free.

The *Jenness Miller Illustrated Monthly* has just issued a new and attractive premium list that may be had upon application to the office, No. 114 Fifth Ave., New York City. The price of the magazine is one dollar a year.

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FEBRUARY, 1893.

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VOL. 14.
NO. 12.

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Practical Medicine, New Preparations, &c.

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A Powder:—Prescribed in the same manner, doses and combinations as Pepsin.

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Marasmus, Cholera Infantum, Indigestion, Dyspepsia and Sick Stomach

It is superior to the Pepsin preparations, since it acts with more certainty, and effects cures where they fail

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In Doses of 10 to 20 Grains.

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PIL. CASCARA.

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Each containing:

Cascarin,		Ext. Belladon.	⅛ gr
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Podophyllin,	1-6 gr	Gingerine,	⅛ gr

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A half pound sample by paying express charges. Literature for the asking.

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SAMPLES FREE. **ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO., U. S. A.**

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One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

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Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

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Dose, 1-8 to 2 Grains.

The Webber-Pepsin will completely digest 6000 times its weight of coagulated egg-albumen in accordance with the conditions of the U. S. P. test, or that of the National Formulary.

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The Webber-Pepsin is offered in Granular form and in Scales, but, unless otherwise specified, we invariably furnish the GRANULAR form.

Samples furnished upon application. Manufactured only by

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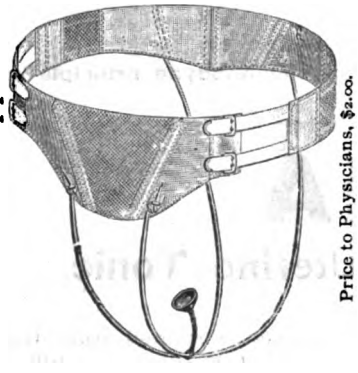
Flavell's Improved Uterine Supporter.



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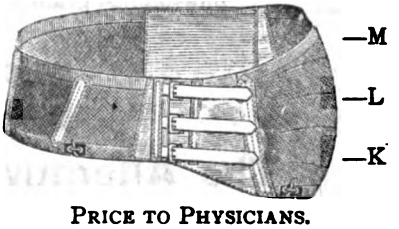

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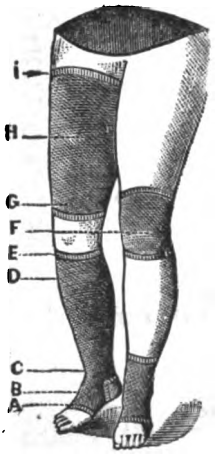

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DIANIN discovered and investigated the antiseptic properties of compounds of chlorine and phenol, and demonstrated them to be of the very highest order. In **Chloro-Phenique** we claim that we have the most powerful and valuable antiseptic and antizymotic of the entire series being certain in action and non-poisonous and non-irritant.

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We solicit the most careful and searching examination of its merits. Literature sent free, and samples to any reputable physician willing to pay express charges.

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Fabric is of Unspun Wool, Knitted into Meshes of a Cotton Thread.

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THYMOLINE SOAP.

An Agreeable DISINFECTANT for the Use of Physicians and Surgeons.

SARGENT'S ANTISEPTIC THYMOLINE SOAP has for its active principles chemically pure Thymol, and is a most efficient substitute for the mal-odorus preparations hitherto used for the washing of putrescent sores, the removal of cutaneous eruptions and exfoliations, and the ablution of the hands after the use of the dissecting knife, or the manipulation of the sick, especially those suffering with skin diseases.

SARGENT'S THYMOLINE SOAP will remove microbic germs, which unavoidably fasten themselves upon the cuticle of medical attendants, operators in sick chambers, and the wards of hospitals and surgeries. Thymol is analogous to camphor, is homologous with phenol or carbolic acid, but a much more pleasant and agreeable disinfectant; it resists and corrects putrefaction, and can be relied upon as a remedy to counteract a putrescent tendency. After a clinic or anatomical demonstration no cleanser is so effective and agreeable.

SARGENT'S THYMOLINE SOAP is far superior to the super-odorus carbolic soaps used so largely by medical men and surgeons, but which are in the highest degree obnoxious to the sense of smell. Physicians cannot too strongly recommend the use of **SARGENT'S THYMOLINE SOAP** to their patients as a means of restoring health to a diseased cuticle. For Inflammation, Scald Head, Milk Crust, and other scorbutic maladies of children, it will be found equally efficacious. Physicians after a round of visits to the wards of hospitals, or the handling of objectionable cases, will find this soap a most pleasant deodorizer and disinfectant.

A sample cake of **SARGENT'S THYMOLINE SOAP** will be mailed free upon application by mentioning the MEDICAL SUMMARY. The regular size (4-ounce cake) is sold by all reputable druggists and general dealers, or will be mailed by us upon receipt of the price, **25 Cents.**

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Pneumonia. **Wasting Diseases.**
Convalescence.

PROTEINOL.

A palatable, nutritious, tissue-forming stimulant, reconstructive of special value in PNEUMONIA, PHTHISIS, CHRONIC BRONCHITIS, STRUMA, and all wasting diseases. One or two tablespoonfuls, every two or three hours, according to the age of the patient and the exigencies of the case, will, in a majority of cases, establish a marked improvement in a short time.

PROTEINOL is not only a succedaneum to the various Cod Liver Oil preparations, but is also a perfect liquid food, containing besides the necessary PROTEIN and CARBOHYDRATE elements, SAPID, DIGESTIBLE FAT.

PROTEINOL makes tissue, supplies heat and energy, and through its NATURAL SALT constituents, assures perfect bone development. It is pleasant to the taste and acceptable to the most delicate stomach.

In prostration with loss of force and tissue; in convalescence from any debilitating disease; in short, wherever a tonic stimulant reconstructive is indicated, PROTEINOL will, in a vast majority of cases, be found of inestimable benefit.

New York Chemical & Commercial Co.,

Dr. Robert Kennedy, Jr., Pres. 163 WILLIAM STREET, NEW YORK.

Pulv. Antiseptic Comp.

(KENYON.)

This Powder contains the antiseptic properties of Thyme, Gaultheria, Mentha and Eucalyptus, in combination with Alumen, Sodium Borate, Acid Carbolic and Acid Boracic, with the valuable addition of Golden Seal, which comes highly recommended for its peculiar local alterative effect. Specially useful in the treatment of

Catarrh and Ulcerations of the Mucous Membrane.

Also a Valuable Remedy for Leucorrhea, Gonorrhea, Pruritus Vulvæ, and all Abnormal Discharges.

Directions:—Two teaspoonfuls to be added to a pint of tepid water and injected 2 or 3 times a day. As a local application to Ulcers, Wounds, Abscesses, or as a Gargle, Inhalant, etc, it should be diluted according to condition of the case. Use the powder dry in the room when desired as a disinfectant and prophylactic.

Kenyon Powder is a thorughly mixed and fine powder, and must be of *light yellow* color, else it is unfit for use and should be returned. Manufactured at

Kenyon Chemical Works,

BALTIMORE, MD.

☞ Samples furnished cheerfully and promptly to all Physicians.

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(SYR: BROM: COMP: PEACOCK.)

Each fluid drachm represents 15 grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

Uses: Epilepsy, Uterine Congestion, Headache, and all Congestive, Convulsive and Reflex Neuroses.

This preparation produces results which can not be obtained from the use of commercial Bromide substitutes.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CHIONIA FROM CHIONANTHUS.

Uses: Biliousness, Jaundice, Dyspepsia, Constipation, and all Diseases Caused by Hepatic Torpor.

CHIONIA stimulates the Liver and restores it to a healthy condition, without debilitating the system by Catharsis; does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

DOSE.—One Fluid Drachm three times a day.

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Indicated in abnormal heart action, mental depression, and general debility.

Cactina is the best cardiac and general tonic in the materia medica, and, therefore, indispensable in the treatment of every form of weakness.

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FORMULA.—Every Fluid Drachm represents FIVE grains EACH—Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Loss of Nerve Power (so usual with Lawyers, Preachers, Writers and Business Men), Impotency, Spermatorrhea, Nervous Headache, Neuralgia, Paralysis, Hysteria, Opium Habit, Inebriety, Dyspepsia, and ALL LANGUID conditions of the System.

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PREPARED FROM THE ALETRIS FARINOSA OR TRUE UNICORN.

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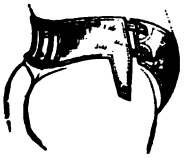

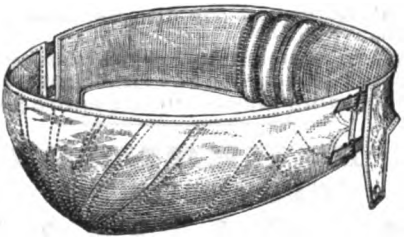

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" " Gentian.....	1 "	Choice Aromatics.....	2 "		(1-100 gr.)

Dose.—From 5 to 10 Drops, as indicated, well diluted.

Recommended in all cases where a general tonic to the nervous system is needed, and especially for the administration of phosphorus in its pure form and soluble state. Put up in plain bottles holding over two hundred doses. Samples and literature free. Special offer still open; one full bottle once only for fifty cents. Regular price $1.00.

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LISTERINE destroys promptly all odors emanating from diseased gums and teeth and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat, and stomach. It is a perfect tooth and mouth wash, INDISPENSABLE FOR THE DENTAL TOILET.

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FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Renal Alterative and Anti-Lithic Agent in the treatment of

URINARY CALCULUS, GOUT, RHEUMATISM, CYSTITIS, DIABETES, HÆMATURIA, BRIGHT'S DISEASE, ALBUMINURIA AND VESICAL IRRITATIONS GENERALLY.

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COCA	30 grs.	SAW PALMETTO	30 grs.
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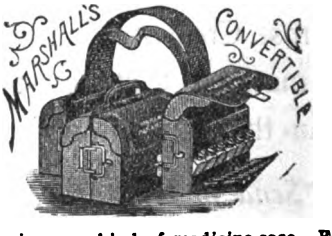

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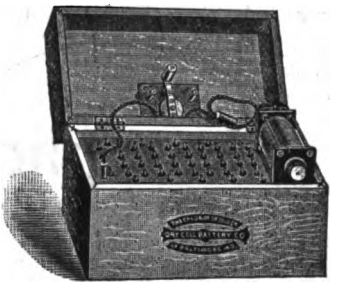

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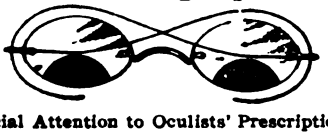

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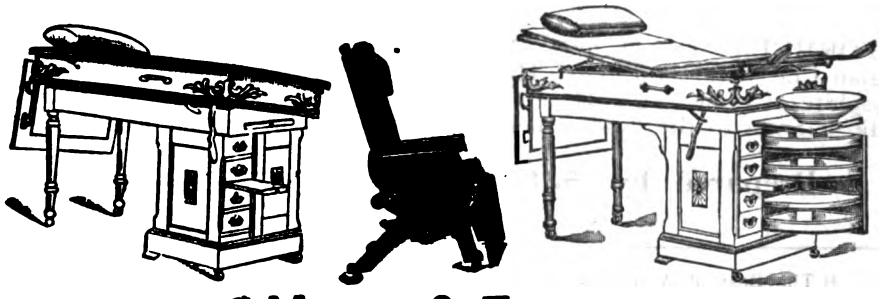

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Fig. XVII—Dorsal.

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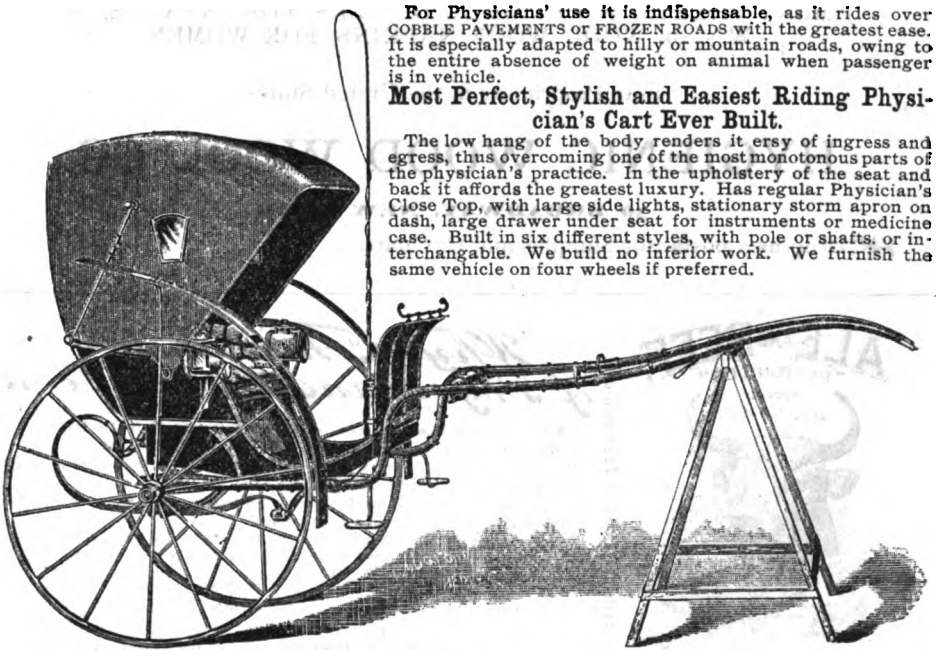

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3 Stimulates Natural Digestion

"Pepsin often relieves a present difficulty; but Papoid, in addition, places the stomach in condition to digest the next meal. It is far better to make the stomach do its own work. Pepsin makes the stomach lazy; Papoid does not." (LARRABEE, Prof. Hospital College of Medicine, Louisville, Ky.)

4 Acts in Acid, Alkaline, or Neutral Media

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution." (MORTON, on Leg Ulcers, read before Philadelphia County Medical Society.)

5 Acts on All Kinds of Food. Can be Combined with Antiseptics

"The physiological actions of Papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them into peptones. Converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. An important point is, it can be given in conjunction with true antiseptics, even corrosive sublimate in dilute solutions does not interfere with its digestive powers." (WOODBURY, Prof. Clinical Medicine, Medico-Chirurgical College, Philadelphia, Pa.)

6 Acts in the Intestines

"I have accomplished more with Papoid than I was ever able to accomplish with the best pepsin. Papoid does especially well in gastro-intestinal catarrh and colitis." (DIXON, Prest. Kentucky State Medical Society.)

7 Costs Less

AVERAGE DOSE PEPSIN IS ABOUT 5 GRAINS AND COSTS 0.0143.
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